

Equipment Registration Sheet



Fill out this form (a.k.a. VTAG) with as much information as possible. Some items may not be applicable to certain equipment types and can be omitted. When complete, please scan these sheets and email them and a JPG photo of the machine to your program manager.

GENERAL INFORMATION

Customer Name, City, Country, Site: _____

Machine Name, Unit #: _____ Category: _____

Model / Asset Serial: _____ Significance (0 - 10): _____

Prepared by: _____ Date: _____ Photo ID: _____

Notes / TOC: _____

DRIVER INFORMATION (AC Motor / DC Motor / Diesel / Turbine)

Type: _____ Mfg / Model: _____

Serial Number: _____ Frame: _____ Vert/Horz: _____

RPM: _____ VFD: _____ Volt / Amps: _____ HP (KW): _____

Motor # Bars: _____ Turbine # of Blades: _____ Engine # of Cylinders: _____

NDE BRG Type / Model: _____ DE BRG Type / Model: _____

Sensor Loc. / Orient: () _____ () _____ () _____ () _____

Notes / TOC: _____

COUPLING / BELT / CHAIN INFORMATION

Type: _____ Couplings: Rigid, Flexible, Magnetic, Fluid

Manufacturer: _____ Speed Ratio: _____

Driver Sheave/Gear Dia: _____ Driven Sheave/Gear Dia: _____

Driver Gear # of Teeth: _____ Driven Gear # of Teeth: _____

Belt Length: _____ or Center-to-Center Distance _____

Notes / TOC: _____

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GEARBOX INFORMATION (Speed Increasing / Decreasing Gearbox)

Type: _____ Incr / Decr Final Gear Ratio: _____

SHAFT 1 (Input) # Gear Teeth: _____ Brg 1#: _____ Brg 2#: _____

SHAFT 2 Ratio: _____ # Gear Teeth: _____ Brg 1#: _____ Brg 2#: _____

SHAFT 3 Ratio: _____ # Gear Teeth: _____ Brg 1#: _____ Brg 2#: _____

SHAFT 4 Ratio: _____ # Gear Teeth: _____ Brg 1#: _____ Brg 2#: _____

Oil Pump: Y / N Aux Drive Gear: Y / N Location: Shaft Number _____

Sensor Loc. / Orient: () _____ () _____ () _____ () _____

Notes / TOC: _____

DRIVEN UNIT INFORMATION (Pump / Fan / Compressor / Blower / Other)

Pump Type: (Centrifugal, Axial, Thread, Screw, Gear, Sliding Vane, Piston)

Fan Type: (Centrifugal, Axial)

Compressor Type: (Centrifugal, Piston, Screw, Lobed Blower)

Other Type: (Generator, Roll, Conveyor, Spindle, Other: _____)

Prime Mover (or 1st Stage)

Number of Elements: _____ (Vaness, Threads, Lobes, Teeth, Pistons)

NDE Bearing #: _____ DE Bearing Type #: _____

Timing Gear Teeth: _____ Driven Lobe Elements: _____ Overhung (Y/N): _____

Sensor Loc. / Orient: () _____ () _____ () _____ () _____

Notes / TOC: _____

Secondary Mover (or 2nd Stage)

Tertiary Mover (or 3rd Stage)

Number of Elements: _____ Number of Elements: _____

NDE/DE Brg: _____ NDE/DE Brg: _____

Sensor Loc. / Orient: () _____ () _____ () _____ () _____

Notes / TOC: _____