



Request for Failure Analysis Form

**Complete this form and fax to:
(803) 536-4615**

Customer Information		Date:
Company:		
Contact:		
Address:		
City:	State:	Zip:
Phone:	Fax:	

Instructions:

1. Complete the form as accurately and with as much detail as possible. Attach additional sheets if necessary.
2. Tag and identify all failed components with date of failure, machine number, bearing manufacturer, bearing number(s), bearing orientation, direction of rotation, and any other pertinent information.
3. Take detailed photos of machine and components and attach to form.
4. Save failed components in original condition, as intact as possible. Do not wash or degrease and include all parts/pieces after disassembly.

Equipment Identification Number and Description: _____

What Happened? _____

• Length of Time in Service? _____

• Reason removed From Service: Seizure Noise Vibration Temperature Human Error Other _____

• Machine Speed _____ (rpm)

• Operating Cycle: Continuous Intermittent Cyclic Runs for _____ (Hours) Other _____

• Lubrication Brand / Product Name _____

• Lubrication Method: Grease Static Oil Circulating Oil Oil Mist

• Frequency of Lubrication: Weekly Monthly Quarterly Other _____

• Date Last Lubricated: _____

• Operating Temperature "Normal": Bearing _____ Shaft _____ Housing _____ Ambient _____ (°F)

• Operating Temperature "at Failure": Bearing _____ Shaft _____ Housing _____ Ambient _____ (°F)

Suspected cause of failure (describe reason for suspicion and signs/symptoms): _____
