



## *Request for Failure Analysis Form*

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

<b>Customer Information</b>		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): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_