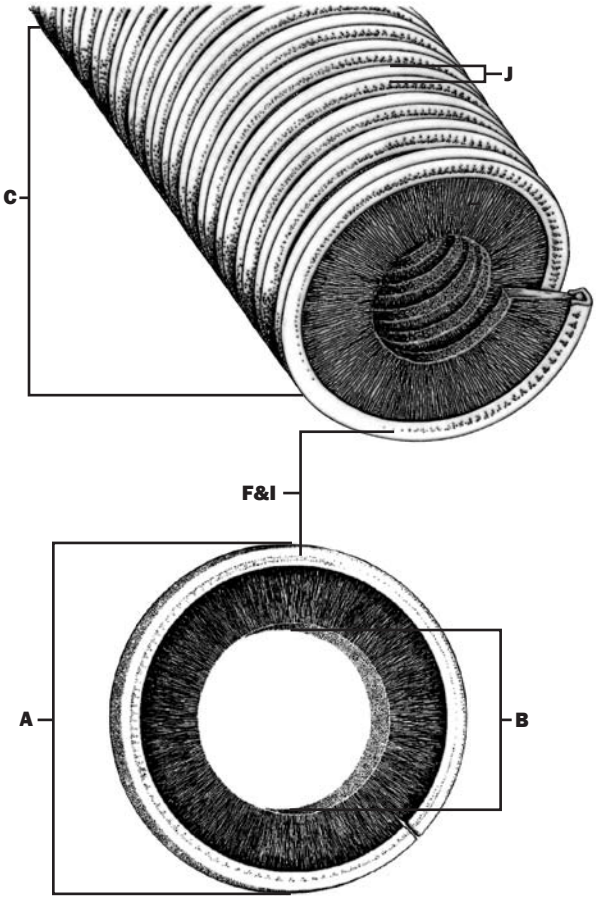
Inverted Spiral Brush

WORKSHEET
IWIS.0909



Please feel free to contact us for assistance.
804-743-0982 | 800-787-7325
industrial@sealeze.com

Notes:

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_____

* Consult your Sealeze Representative for available materials.

Contact Name: _____

Company Name: _____

Phone: _____

Fax: _____

Email: _____

Quantity: ____ Annual Usage: _____

RPM: _____

Application: _____

_____

_____

A Outside Diameter: _____

B Inside Diameter: _____

Circle the critical dimension: OD ID

C Brush Face Length: _____

D Filament Material*: _____

E Filament Diameter: _____

Level (flat) ____ Crimped (wavy) ____

F Channel Size: A B C D F G K
(note: metal filaments are limited to B and up)

G Density: light __medium __heavy __

H Stiffness:

soft _____ medium _____ stiff _____

I Channel Material:

Galvanized, T-304 S/S, Other S/S available on request

J Pitch: Tight Wound? Yes No

Center to center dimension: _____

Or specify the distance between center of consecutive turns _____

Please circle one:

Right Hand Wound Left Hand Wound

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