

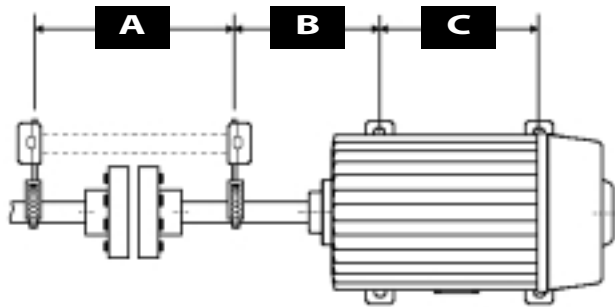


LASER ALIGNMENT REPORT



Equipment Name: _____ Date/Time: _____

Location: _____ Aligned By: _____



RPM	ANGULAR MISALIGNMENT Mils per inch .001/1" 		OFFSET MISALIGNMENT Mils .001" 	
	Excellent	Acceptable	Excellent	Acceptable
3600	0.3/1"	0.5/1"	1.0	2.0
1800	0.5/1"	0.7/1"	2.0	4.0
1200	0.7/1"	1.0/1"	3.0	6.0
900	1.0/1"	1.5/1"	4.0	8.0

DIMENSIONS:	A	B	C
--------------------	----------	----------	----------

AS FOUND	(INITIAL ALIGNMENT CONDITION)			
	VERTICAL		HORIZONTAL	
ANGULARITY	<input type="checkbox"/>		<input type="checkbox"/>	
	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
OFFSET	<input type="checkbox"/>		<input type="checkbox"/>	
	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
FOOT POSITIONS		F1 _____		F1 _____
		F2 _____		F2 _____

AS LEFT	(FINAL ALIGNMENT CONDITION)			
	VERTICAL		HORIZONTAL	
ANGULARITY	<input type="checkbox"/>		<input type="checkbox"/>	
	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
OFFSET	<input type="checkbox"/>		<input type="checkbox"/>	
	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
FOOT POSITIONS		F1 _____		F1 _____
		F2 _____		F2 _____