

Address	Contact person / Department: Phone: Fax: e-mail:
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[Shipping address:](#)

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Centrifugal Force Test for Clutch Parts: [Order / Offer](#)

[Data of test specimen](#)

Type: Dual mass flywheel / Secondary mass / Clutch / SAC-Clutch / Dual clutch / Clutch disc / Pressing plate

Drawing No.:

Dimensions:	x	mm
Bore diameter:	∅	mm (Centre hole)
Operational speed (n-max):		rpm
Mass:		kg
Unbalance:		gmm
Bearing:		one sided / double sided

[Test data](#)

- Test with stepwise speed increase up to a test speed of _____ rpm
 (Start speed _____ rpm, speed step _____ rpm, speed period _____ sec / min)
- Test with stepwise speed increase up to bursting _____ rpm
 (Start speed _____ rpm, speed step _____ rpm, speed period _____ sec / min)
- Test with continuous speed increase up to a test speed of _____ rpm
- Test with continuous speed increase up to bursting
- Deformation measurement with Laser Light Barrier (Dynamic, resolution 0.01 mm)
- Test temperature: _____ °C

[Further test data:](#)

Report to: _____ Bill to: _____ Test specimen: Return / scrapping

Place, Date _____ Stamp / Signature _____