## **Blade Recommendation Checklist**

Complete by: \_\_\_\_\_ Date **User Information Distributor Information** Company: \_ Company: \_\_ Contact:\_\_\_ Phone No.: \_\_\_\_ Phone No.: Fax No.:\_\_\_ **Blade Information** Manufacturer: \_\_\_\_ **Machine Information** Length:\_\_\_\_ Width: Thickness: \_ Tooth Pitch: \_\_ Make: Model: Monthly blade usage:\_\_\_\_ Vertical Horizontal Current blade distributor: \_\_\_\_\_ Blade Speed (sfm): \_\_\_ Current blade cost: \$ \_\_\_\_\_ (ea.) Feed Rate: \_\_\_ **Application Information** On the line provided below each icon, provide material width and wall thickness (where applicable) for each material type being cut Solid Round Square Tubing Solid Square I-Beam Angle Iron Channel Iron Round Tubing \( \big| \) Types of Cutting (Check all that apply) ☐ Single Piece Cut-off ■ Bundled Cut-off I. Number of pieces: 2. Check each configuration that applies: **Production Usage (per day) Materials Being Cut** (Check all that apply) Light (2 hrs. or less) Type Grade Medium (3-6 hrs.) ■ Non-Ferrous Heavy (7 hrs. or more) ☐ Mild Carbon Steels **Problems with Present Blade** ☐ Tool Steels ■ Stainless Steels Breaking blades ☐ Premature dulling ■ Super Alloys ☐ Tooth strippage Crooked Cut Other Cost ■ No Problems **Blade Recommendation**