

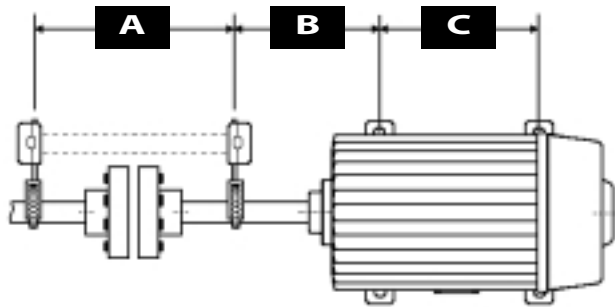




LASER ALIGNMENT REPORT











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 _____ |