

# OPERATOR CAB ISOLATION – CAB ANALYSIS FORM

(Photocopy, fill out, and return to Barry Controls)

## BARRY CONTROLS SHOCK AND VIBRATION APPLICATION WORKSHEET

Name \_\_\_\_\_

Title \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Mail Stop \_\_\_\_\_

Phone \_\_\_\_\_ FAX \_\_\_\_\_

Date reply required \_\_\_\_\_

Weight: Without Operator (lbs) \_\_\_\_\_

With Operator (lbs) \_\_\_\_\_

Moments of Inertia: I x-x \_\_\_\_\_

I x-y \_\_\_\_\_

I z-z \_\_\_\_\_

Allowable Sway During ROP Situations

Directions: X \_\_\_\_\_

Y \_\_\_\_\_

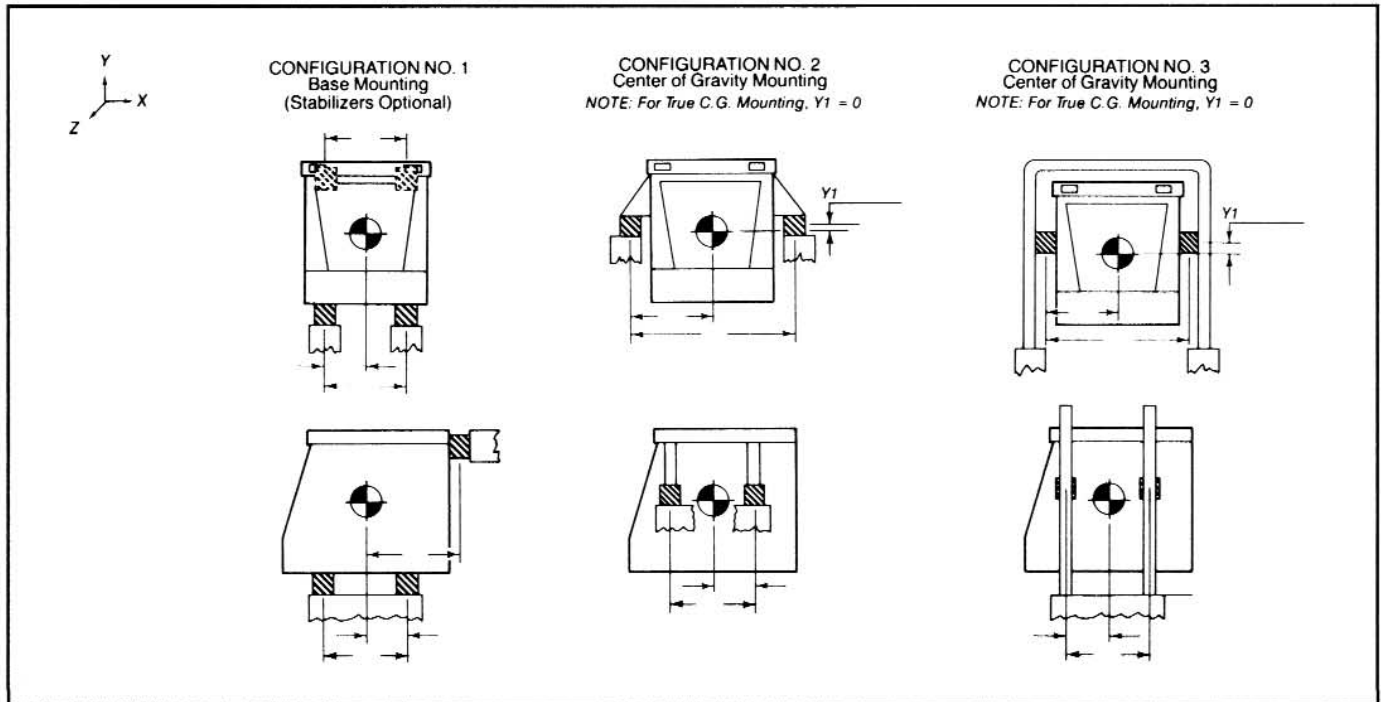
Z \_\_\_\_\_

Disturbing Frequencies (Hz) \_\_\_\_\_

Current Noise Level dB \_\_\_\_\_

Desired Noise Level dB \_\_\_\_\_

Provide sketch of equipment, including relevant dimensions, CG location, and mounting locations. Use additional sheets if needed.



Describe application (nature of equipment, problems, particular requirements, applicable specifications, etc.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Return to: **Barry Controls Applications Engineering Department**  
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