

BRAKE CALCULATION REQUEST FORM



Company name: _____
Vehicle type: _____
Trailer type: _____ Semitrailer: Centre Axle Trailer:
Date: _____
Contact name: _____
Email: _____

AXLE EQUIPMENT DATA

	1st axle	2nd axle	3rd axle
Brake size/series:	_____	_____	_____
Axle Serial No.:	_____	_____	_____
Brake Chambers Used (Air, Hydraulic, or AIR/HYD combination):	_____		
Brake chamber size*:	_____	_____	_____
Brake Chamber Type*:	Service: <input type="checkbox"/> Parking: <input type="checkbox"/>		
Slack adjuster length (m)*:	_____	_____	_____
Tyre size:	_____	_____	_____
Mechanical Handbrake fitted:	Yes <input type="checkbox"/> / No <input type="checkbox"/>		
ABS/EBS fitted:	Yes <input type="checkbox"/> / No <input type="checkbox"/> If Yes: ABS <input type="checkbox"/> or EBS <input type="checkbox"/>		
Valve Manufacturer (delete as necessary):	Haldex/Knorr Bremse/WABCO		
Load sensing valve fitted:	Yes <input type="checkbox"/> / No <input type="checkbox"/>		
Type:	Air <input type="checkbox"/> Mechanical <input type="checkbox"/>		
Suspension Type:	Air <input type="checkbox"/> Mechanical <input type="checkbox"/>		
Granning suspension Part No./Code (for calculation of air-bag pressure)	_____		

***Leave blank unless specified or already fitted**

VEHICLE DATA

Total Plated Weight of Trailer (incl. drawbar/kingpin) - Laden(Kg) _____
Total Plated Weight of Trailer (incl. drawbar/kingpin) - Unladen(Kg) _____

Drawbar/Kingpin load: Max designed (Kg): _____
Plated weight on drawbar/kingpin - Laden (Kg): _____
Plated weight on drawbar/kingpin - Unladen (Kg): _____

Axle Load - Laden (Kg)**: _____
Axle Load - Unladen (Kg)**: _____

Centre of Gravity Height "Hr" - Laden (m): _____
Centre of Gravity Height "Hr" - Unladen (m): _____

Max speed of vehicle (kph): _____
Drawbar/Kingpin to bogie centre "Er" (m): _____
Destination country/speed or special requirements: _____

** **Axle Load** = $\frac{\text{Total Plated Laden Weight of trailer} - \text{Plated weight on drawbar/kingpin}}{\text{No. of axles on trailer}}$

Comments/Notes: _____

Tel: (+353) 45 897553

Please, return completed form back to: eds@granningaxles.ie