**TELAFLEX® | STEEL TELESCOPIC WAY COVERS**

**HEAVY-DUTY PROTECTION FOR MACHINE WAYS AND SCREWS**

Telaflex covers are ideal for any machine tool application requiring complete protection of machine ways and screws. Telescopic covers provide the ultimate protection against dropped tools, heavy chip loads, cutting oils and coolants. Covers can be designed to move along any machine axis. They are engineered and designed with the utmost precision, in a wide range of shapes, to your specifications. In addition, Dynatect refurbishes all brands of telescopic covers and has a full inventory of replacement wipers and components.

**Features:**
- Top section tread plate or tool tray available
- Section material 18 ga. through 1/4" cold rolled steel (stainless steel option available)
- Way extensions can be provided if necessary
- Standard oiled finished (bright buffed option available)
- Durable wiper options for wet or dry operation
- Options include: nylon or brass guides, bearing rollers, lift lugs

**Bearing Rollers**

**Nylatron or Brass Guides**

**Lifting Lugs Provided on Large Covers**

**Heavy-Duty Wipers**

**QUOTE REQUEST FORMS:**
NEW DESIGN – SEE PAGES 36-37.
PLEASE INCLUDE DRAWING.
NEW DESIGN – TELAFLEX® COVERS | QUOTE REQUEST FORM

MEASURING FROM MACHINE

Date ____________________________
Company Name ______________________
Contact ____________________________
Quantity ____________________________
Address ____________________________
City ____________________________ State/Prov. _________
Country ____________________________ Zip/Postal Code _________
Telephone ____________________________ Fax __________________
Email ____________________________

Please supply a sketch/drawing of your application. We have an extensive database of covers on file. Please contact your Dynatect
Manufacturing, Inc. representative to locate your previous order(s) or to see if one fits your exact cover requirements.

1. Application Information

Existing Covers Only: Manufacture ____________________________ Model/Part Number ____________________________
Machine Make: ____________________________ Machine Model: ____________________________
Axis: □ X □ Y □ Z □ Other ____________________________
Cover Orientation: □ Horizontal □ Vertical □ Cross Rail □ Between Column and Table
New Design or Replace Existing Cover: □ New Design □ Existing Machine in our Factory (replacement cover) Number of Boxes? ________
Operating Environment of the Cover? Please indicate percentage(s).
□ Dry ________ □ Grinding ________ □ Hot Chip ________ □ Aluminum ________ □ Heavy Coolant ________
□ Other (describe) ____________________________________________
Working Temperature: __________ □ °F □ °C Maximum Travel Speed: __________ (indicate unit of measurement)
Movements/Day __________ Acceleration: __________ (indicate unit of measurement) Axis: ____________________________
Are Ways Hardened? □ Yes □ No

2. Way Dimensions (Please indicate and dimension any obstructions below or provide a separate drawing.)

Way Dimension Specified In: □ Inches □ Millimeters Type of Way: □ Box Way □ Linear Rails
Dimensions: A ________ B1 ________ B2 ________ C ________ D ________ E ________ F ________ G ________
H ________ I ________ J ________ K ________ L ________ M ________ N ________ P ________
Q ________ R ________ S ________ T ________ U ________ V ________ W ________

Phone: 262-786-1500 or 800-298-2066 | Fax: 262-786-3280 | Email: sales@dynatect.com | www.dynatect.com
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3. Extended/Retracted/Travel Requirements
Dimensions specified in: □ in □ mm
(A) Retracted Length: _________________
(B) Travel Distance:____________________
(C) Extended Length: _________________
(D1) Over Travel: _____________________
(D2) Over Travel: _____________________

4. Maximum Allowable Cover Width and Height Above Way
Dimensions specified in: □ in □ mm
MAH (Maximum Allowable Height Above Way) Required: ___________________
MAW (Maximum Allowable Cover Width) Required: ____________________

5. Cover Configuration
For replacement covers, please choose the profile which matches the existing cover the closest.
□ A □ B1 □ B2 □ C □ D □ E1 □ E2
□ F1 □ F2 □ G1 □ G2 □ H1 □ H2 □ J (other)

6. Mounting Configuration
Must select configuration for both ends.
Mounting holes not supplied unless specified.
Large Box: □ 1 □ 2 □ 3 □ 4 □ 5 □ 6 □ 7 □ 8 (other)
Small Box: □ 1 □ 2 □ 3 □ 4 □ 5 □ 6 □ 7 □ 8 (other)

7. Extension Brackets
□ Yes Dimensions specified in: □ in □ mm
 (W1) Top of Ways to Floor: _________________
 (W2) Way Extends Beyond Bed: _________________
 (W3) Way Ends Before Bed: _________________
□ No

8. Options
□ Lifting Lugs* □ Stainless Steel □ Thread Plate (separate) □ Inspection Door

*On any cover over 250 lbs/113 kg, a lifting system is integrally designed.
REPLACEMENT COVERS – TELAFLEX® | QUOTE REQUEST FORM

Date __________________________ Address __________________________________________
Company Name __________________________________________ City __________________________ State/Prov. ____________
Contact __________________________________ Country __________________________ Zip/Postal Code ____________
Quantity __________________________ Telephone __________________________ Fax ____________

Email __________________________________________

Note: The following design information helps us provide you with a budgetary estimate for a replacement cover. Please include photographs of your existing cover when sending in your request, especially the inside of the cover.

1. Machine Information

Machine Make: __________________________ Machine Model & Number: __________________________
Machine Axis: ☐ X ☐ Y ☐ Z ☐ Other __________________________
Type of Way, e.g. Linear Rail: __________________________ Cover Brand*: ☐ Dynatect®/Gortite* ☐ Other __________________________
*If you are replacing a Dynatect or Gortite brand cover, let us first look up your design by the cover part number. Cover Part Number: ____________
Cover Orientation: ☐ Horizontal ☐ Vertical ☐ Crossrail ☐ Between column and table
Do you have any concerns or are you experiencing any issues with your current cover? __________________________________________
_____________________________________________________________________________________________________________________

2. Operating Environment

☐ Dry ☐ Grinding ☐ Hot Chips ☐ Aluminum Swarf ☐ Heavy Coolant ☐ Other (describe) ____________
Working Temperature: ____________ °F ____________ °C Maximum Travel Speed: ____________ (indicate unit of measurement)
Acceleration: ____________ (indicate unit of measurement) Number of cycles: per 8 hrs ____________ per 16 hrs ____________ per 24 hrs ____________
Are Ways Hardened? ☐ Yes ☐ No

3. Extended/Retracted/Travel Requirements

Dimensions specified in: ☐ in ☐ mm
(A) Retracted Length: ____________
(B) Travel Distance: ____________
(C) Extended Length: ____________
(D1) Over Travel: ____________
(D2) Over Travel: ____________

4. Cover Dimensions and Shape

Dimensions specified in: ☐ in ☐ mm
(A) Width of Bed/Way: ____________
(B) Width of Cover (largest box): ____________
(C) Cover Width incl. Mounting Plate: ____________
(D) Tilt Angle (°) if Peaked: ____________
(E) Height of Cover (largest box): ____________
(F) Height of Cover Above Way: ____________
(G) Total Height of Cover incl. Mounting Plate: ____________
(H) Lateral Overhang of Cover or Wrap Width: ____________
Cover Height and Width of Smallest Box: ____________
Number of Boxes/Sections: ____________

☐ Box Leg, Straight ☐ Box Leg, Side Overhang
REPLACEMENT COVERS – TELAFLEX® | QUOTE REQUEST FORM

4. Cover Dimensions and Shape (cont’d.)
Choose the profile which matches the existing cover the closest.

☐ A  ☐ B1  ☐ B2  ☐ C  ☐ D  ☐ E1  ☐ E2  
☐ F1  ☐ F2  ☐ G1  ☐ G2  ☐ H1  ☐ H2  ☐ J (other)

5. Cover Options and Accessories
Material: ________________________________ e.g. 12GA steel, 18 GA steel
Wiper Type: ☐ Elastomer Wiper:     ☐ Screws in?  ☐ Yes  ☐ No
☐ Brass:  ☐ Spot-welded?  ☐ Yes  ☐ No
Side Brass:  ☐ Yes  ☐ No  Side Wipers: ☐ Yes  ☐ No
Please check the options you require:
☐ Lift Lugs  ☐ Scissors ____________ (how many?)
☐ Nylon Riders  ☐ Brass Riders
☐ Bearing Rollers  ☐ Bumpers
☐ Tread Plate  ☐ Inspection Door
☐ Extension Brackets:
  (W1) Top of Ways to Floor: ____________________________
  (W2) Way Extends Beyond Bed: _________________________
  (W3) Way Ends Before Bed: ____________________________

6. Mounting Configuration
Must select configuration for both ends.
Mounting holes not supplied unless specified.
Large Box: ☐ 1  ☐ 2  ☐ 3  ☐ 4  ☐ 5  ☐ 6  ☐ 7  ☐ 8 (other)
Small Box: ☐ 1  ☐ 2  ☐ 3  ☐ 4  ☐ 5  ☐ 6  ☐ 7  ☐ 8 (other)
Mounting of Cover: ☐ Slide-On  ☐ Place-On

Note: Views 1-4 are end views.
Views 5-7 are views from the side of the cover.