

Form for Drive Conditions of Optical Scanner LSA Series

Date Sent:

Name of Your Company		
Your Organization and Position		
Name		
Company Address		
Telephone and Facsimile	Telephone No.	Facsimile No.
E-mail address		
Your application Please check intended application and describe your intended application in details.	Classification <input type="checkbox"/> Laser machining <input type="checkbox"/> Measurement <input type="checkbox"/> Image processing <input type="checkbox"/> Laser display <input type="checkbox"/> Others	Details

Harmonic Drive Systems will specify an adjustment specification including model selection. However, Harmonic Drive Systems will not be able to present an appropriate adjustment specification unless the necessary drive conditions are supplied. Please write the drive conditions in the following columns. Optimum characteristics including selection of a suitable model will be studied.

No.	Item	Specification	Remarks
(1)	Input command waveform (Fundamental waveform)	<input type="checkbox"/> Square wave <input type="checkbox"/> Trapezoidal wave <input type="checkbox"/> Saw-tooth wave <input type="checkbox"/> Triangular wave <input type="checkbox"/> Sine wave	Please attach information concerning grade if waveforms contain grades.
(2)	Adjustment priority amplitude	[°]	Sine wave condition
(3)	Drive frequency	[Hz]	Sine wave condition
(4)	Convergence judgment condition (Positional accuracy)	[°] or [arc-sec]	
(5)	Settling time	[ms] or [μs]	Time after input becomes constant when trapezoidal wave is driven.
(6)	Isokinetic range	[%]	Please also write target grade when saw-tooth wave is driven.
(7)	Position delay	[ms] or [μs]	Sine wave condition
(8)	Amplitude error	[%]	Output / input amplitude error, sine wave condition
(9)	Moment of inertia of load (GD ² /4)	[g-cm ²]	Material drawing may be attached instead
(10)	Maximum amplitude	[°]	
(11)		Amplitude at input voltage of V _{pφ} [°] []	
(12)	Cable extension distance between scanner and driver	[m]	If unspecified, no extension
(13)	Power capacity (Priority on performance or power source capacity)	[W]	If unspecified, 240W. Please write priority as performance or power capacity
(14)	Priority characteristic		Please write prioritized characteristic
(15)	Working (optical scanning) range	[mm]	Typical value
(16)	Distance between work piece and mirror	[mm]	Typical value
(17)	Cable length between power source and driver	[mm]	Typical value
(18)	Others, including information on nameplate concerning adjustment procedure		If this space is insufficient, please supply information by attaching an additional sheet.

* Please write all angles in mechanical angles.

* Please refer to the technical information for details of the drive conditions.

<<HDS Control No.: >>
 <<HDS Sales Office: >>
 <<HDS Salesperson: >>