

Conveyor Request Form

Company: _____

Address: _____

Contact: _____

Phone Number: _____

Email: _____

Conveyor Application-

Conveying from: _____

Size of opening and/or height: _____

Conveying to: _____

Size of opening and/or height: _____

Cycle Time: _____

Material being conveyed: _____

Size of product: _____

Weight of product: _____

Brief description of application: _____

Conveyor Information-

Series: _____

Number of planes: _____

Length (PO): _____

Length (PI): _____

Length (PZ): _____

Infeed height: _____

Discharge height: _____

Angle: _____

Useable belt width: _____

Cleats (Yes, No): 20mm, 35mm, 50mm, 75mm, Other, No _____

Cleat pitch: 300mm, 400mm, 500mm, Other _____

Belt speed: 10fpm, 15fpm, 25fpm, 50fpm, Other _____

Sidewalls: NO, 60mm, 60mm+150mm, 210mm, Other _____

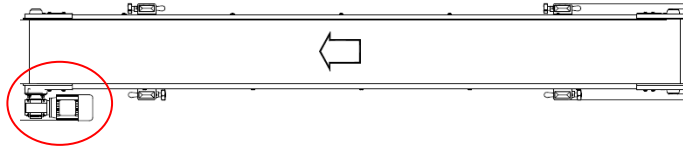
End of Legs: Locking castors, Leveling feet _____

Drive Information-

Input power: 115v, 230v, 230/460v, Other _____

On/off switch?: _____

Emergency stop?: _____
 Forward/reverse switch?: _____
 Operation Type: Stand-alone, Machine intergration, Other _____
 Speed type: Fixed, Variable, Indexing, Other _____
 Max speed: _____
 Speed range (variable only): _____
 Drive Location (Pull-left shown): Pull-Left, Pull-Right, Push-Left, Push Right _____



Containment Information-

Infeed hopper: _____
 Discharge chute: _____
 Covers: _____

Additional Notes-



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