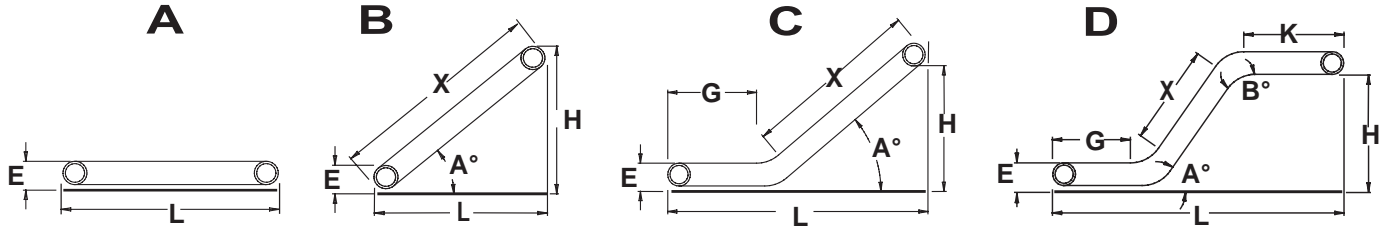


# Standard Belt Conveyor Worksheet

Customer \_\_\_\_\_ Contract \_\_\_\_\_  
 \_\_\_\_\_ Phone # \_\_\_\_\_  
 \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ P.O. # \_\_\_\_\_  
 Quote # \_\_\_\_\_ Job # \_\_\_\_\_ Delivery \_\_\_\_\_ Salesperson \_\_\_\_\_

## Style:



Quantity: _____	Model No.: _____	Conveyor Length: _____
Type of Conveyor:	<input type="checkbox"/> Slider Bed (L.D.) <input type="checkbox"/> Cleated Slider Bed <input type="checkbox"/> Slider Bed (M.D.) <input type="checkbox"/> Inclined Nose Over <input type="checkbox"/> Rail Bed <input type="checkbox"/> Box Wall Conveyor <input type="checkbox"/> Parts Conveyor <input type="checkbox"/> Trough Slider <input type="checkbox"/> Sorting Conveyor	Horizontal Length: _____ Incline Length: _____ Nose-over Length: _____ Bolt-On Cleat Height: _____    Centers: _____
Belt Specifications: BF: _____	Belt Type: _____	Degree of Incline: _____
Construction:	<input type="checkbox"/> Bolt-Together 10 ga. <input type="checkbox"/> Bolt-Together 7 ga. <input type="checkbox"/> Welded 7 ga. <input type="checkbox"/> Bolt-Together 12 ga.	Floor Distance: _____
Motor: _____ Hp    Fpm: _____	<input type="checkbox"/> Fixed <input type="checkbox"/> Variable (4:1 ratio)	Infeed Height to Top of Belt: _____
Drive Specs.: <input type="checkbox"/> End Drive <input type="checkbox"/> Center Drive		Discharge Height to Top of Belt: _____
Voltage:	<input type="checkbox"/> 115 V Single Phase <input type="checkbox"/> 460 V Three Phase <input type="checkbox"/> 230 V Single Phase <input type="checkbox"/> 208 V Three Phase <input type="checkbox"/> 230 V Three Phase <input type="checkbox"/> 575 V Three Phase	Paint Color: _____
Controls Required:	<input type="checkbox"/> Start/Stop <input type="checkbox"/> AC Frequency Controller <input type="checkbox"/> E-Stop <input type="checkbox"/> DC Controller <input type="checkbox"/> Pull Cord Stop <input type="checkbox"/> None	Leg Supports: _____
		Options:
		<input type="checkbox"/> 6" high Side Skirts <input type="checkbox"/> Side Guides <input type="checkbox"/> Casters <input type="checkbox"/> 12" high Side Skirts <input type="checkbox"/> Infeed Hopper <input type="checkbox"/> Vulcanized Cleats (Std. on L.D.) <input type="checkbox"/> Discharge Guides <input type="checkbox"/> Belly Rest <input type="checkbox"/> Inverter Rated Motor <input type="checkbox"/> End Guard (Tail end) <input type="checkbox"/> V-Guided
		Any other pertinent information _____ _____ _____

## Material Specifications

Product(s) Being Conveyed _____	Live Load _____	
_____	Product Wt./Hr. _____	Does Product Impact on Belt _____
Minimum/Maximum Product Size _____	Maximum Surge Load _____	Hours/Day of Operation _____
% of Fines Present _____	Any Liquids Present _____	Continuous/Intermittent Operating Cycle _____
Product Density #/cu. ft. _____	Product Temperature _____	Conveyor Located Indoors/Outdoors _____
Product Wt. Ea. _____	Method of Loading _____	Special Conditions _____
	Distance of Free Fall at Infeed _____	

