



PROPOSAL DATA REQUEST FORM

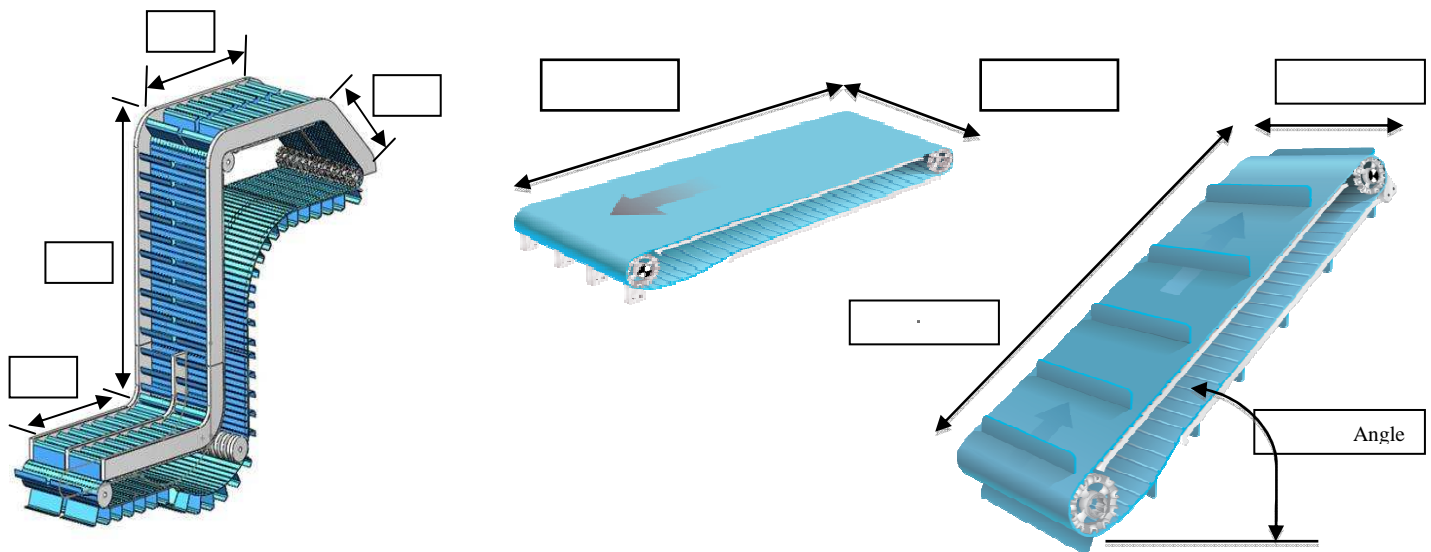
EZ KLEEN BELT CONVEYORS

Solids Handling And Process Engineering Co. Limited.

CUSTOMER:					
ADDRESS:					
CITY / PROVINCE:		CODE:		COUNTRY:	
CONTACT & DECISION MAKERS		POSITION:	PHONE #:	FAX #:	E-MAIL:
ENQUIRY No.		DATE RECEIVED:	Budget/Firm		
QUOTATION No.		DUE DATE:	Clients Budget.		
SYSTEM NUMBER				NOTES	
TYPE OF SYSTEM		<input type="checkbox"/> Horizontal <input type="checkbox"/> Straight Incline <input type="checkbox"/> Straight Decline <input type="checkbox"/> Trough Type for Above <input type="checkbox"/> Horizontal to Incline	<input type="checkbox"/> Horizontal to Decline <input type="checkbox"/> Incline to Horizontal <input type="checkbox"/> Decline to Horizontal <input type="checkbox"/> 'Z' Type Lifting <input type="checkbox"/> 'Z' Type Lowering	<i>Tick the box for the description of the type of system you think is best for the application you have and then mark in dimensions on the example drawings provided overleaf.</i>	
MATERIAL INFORMATION		<i>Please provide Material Safety & Physical Property Data Sheets where available.</i>			
MATERIAL NAME:		<i>Common Name</i>			
BULK DENSITY (kg/m ³)		<i>The density we will receive the product</i>			
PARTICLE SIZE (mm)		<i>The size of the particles A particle size distribution is useful if available</i>			
MOISTURE CONTENT (%)		<i>Free Moisture (by weight)</i>			
TEMPERATURE (°C)		<i>The temperature at which we will get the product</i>			
TOXIC? (Yes / No)					
HYGROSCOPIC? (Yes / No)					
ABRASIVE? (0-10 with 10 very abrasive)					
CORROSIVE? (Yes / No)					
COHESIVE? (Yes / No)					
EXPLOSIVE? (Yes / No)					
FLOW ABILITY: (0-10, 10 flows like water)					
BREAKABLE: (0-10, 10 easily broken)					
Other Significant Properties		<i>e.g. Fibrous, Prills Agglomerated Melting Point (if <200C) etc,</i>			
PROCESS INFORMATION					
NEW or RETRO-FIT		<i>Is this a new conveyor or replacing an existing unit</i>			
CURRENT TECNOLOGY		<i>What type of conveyor is currently being used</i>			
SYSTEM RATE (kg/hr.)		<i>The rate we need to move the product</i>			
MATERIAL USAGE (kg/batch, tons/year etc)					
UTILIZATION (hours/day, batches/hour etc)					
CONVEYING DISTANCE TOTAL (metres)		<i>The distance from the Source to the destination (TOTAL)</i>			
RECEIVE MATERIAL FROM:		<i>The source of the product</i>			
HEIGHT UNDER THE FEED SOURCE (m)		<i>Are there any Physical constraints where the transporter will be located</i>			
CONVEY MATERIAL INTO:		<i>The destination where we are to deliver the material and if multiple feed points are required.</i>			
DUST COLLECTION AT DESTINATION		<i>Will you utilize an existing system or do you require SHAPE to provide?</i>			
NUMBER OF CHANGES OF DIRECTION:		<i>Less bends is better Please consider the conveyor route carefully</i>			
DESIGN CONCERNS: Please add a ranking 1 to 3 with 1 being Your most important design consideration		<input type="checkbox"/> DEGRADATION <input type="checkbox"/> SEGREGATION <input type="checkbox"/> CONTAMINATION	<input type="checkbox"/> RELIABILITY <input type="checkbox"/> MAINTENANCE <input type="checkbox"/> ENERGY	<input type="checkbox"/> COST <input type="checkbox"/> OTHER	

PLEASE TURN OVER.

EQUIPMENT INFORMATION	
CUSTOMER SPECIFICATION'S APPLY:	
MAT'L. OF CONSTR. (PRODUCT CONTACT):	
MATERIAL FINISH (PRODUCT CONTACT):	
WELD FINISH (PRODUCT CONTACT):	
MAT'L. OF CONSTR. (NON-PROD. CONTACT):	
MATERIAL FINISH (NON-PROD. CONTACT):	
WELD FINISH (NON-PRODUCT CONTACT):	
ELECTRICAL RATINGS IEC (NEMA EQUIV):	
VOLTAGE (Single Phase/ 3 Phase/ Frequency Hz)	
QUOTE INSTALLATION?	
ALLOWABLE NOISE (dBA):	
EQUIP LOCATION AMBIENT TEMP (°C)	



Hand Sketch and Additional Notes

Please show a basic Process Flow Diagram of the proposed system indicating existing equipment and details where possible. Attach additional details as available:

Could you please e-mail, fax or post this enquiry sheet back to us at the details given below and we will get back to you to arrange an appointment. If you have any queries please do not hesitate to contact us. **Thank You.**