



QUESTIONNAIRE FORM FOR BUCKET ELEVATOR

1. CONTACT PERSON INFORMATION

Name/Title:	Company:
Cell phone:	Phone:
Email:	Fax:
Address:	

2. CONVEYING SYSTEM INFORMATION

a. Description of Process, Purpose & Industry

Project Type	<input type="checkbox"/> New Project	<input type="checkbox"/> Conversion / Revamp
Industry:		
Description of Process:		

b. Condition of Material to be Conveyed

Material to be conveyed:			
Material specific weight (kg/lit):			
Material grain coarseness (mm):		Max Size (mm):	
Material humidity (%)		Temperature (°C):	
<input type="checkbox"/> Dry	<input type="checkbox"/> Wet	<input type="checkbox"/> Adhesive	<input type="checkbox"/> Corrosive
<input type="checkbox"/> Abrasive	MOHS Hardness:		
Other (Please describe):			

c. Production

Max Conveying Capacity:	<input type="checkbox"/> t/h	<input type="checkbox"/> m ³ /h	
Number of working shifts:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Production time in a shift (h):			
Elevation (m):			



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3. PREFERRED BUCKET ELEVATOR

a. Bucket Elevator Type:

Preferred Series 700 800 1000 1100

100 200 1400

Discharge Type Centrifugal Discharge Continuous Discharge

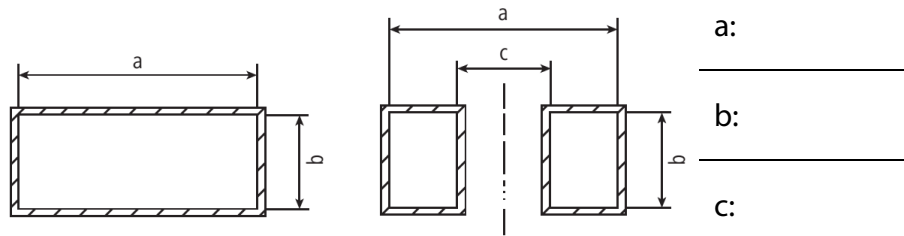
Conveyor Type Belt Single Strand Chain Double Strand Chain

Conveying Speed (m/s): _____ Drive shaft Speed (rpm): _____

Wheel Diameter (mm) _____ Drive Shaft Power (kW): _____

Casing Type: Single Casing Double Casing

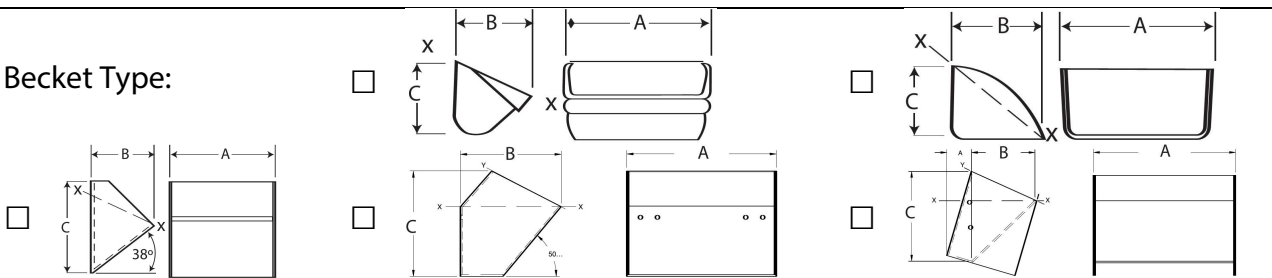
Casing Size



Other (please describe): _____

b. Buckets

Bucket Type:



Material: _____

Weight (kg): _____

Bucket Capacity (lit): _____

Liquid Capacity (lit): _____

Bucket Width A (mm): _____

Bucket Depth B (mm): _____

Bucket Height C (mm): _____

Buckets Distance (mm): _____

Chain Bucket Attachments Rear Mounted Side Mounted

Other (please describe): _____



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4. GENERAL TECHNICAL INFORMATION

a. Environmental Condition

Building layout	<input type="checkbox"/> With roof closed	<input type="checkbox"/> Only roof
Plan Area Availability (m)	Length:	Width:
	Height:	Pit/Depth:
Working Temperature (°C):	Min:	Max:
Average humidity (%):		
<input type="checkbox"/> Danger of floor water		
<input type="checkbox"/> Other (Please specify)		

b. Options

<input type="checkbox"/> Heavy Duty Construction	<input type="checkbox"/> Food Grade Construction
<input type="checkbox"/> Shaft Misalignment sensor	<input type="checkbox"/> Belt Slip sensor
<input type="checkbox"/> Internal Gravity Take-up	<input type="checkbox"/> External Gravity Take-up
<input type="checkbox"/> Separate structure for Drive	<input type="checkbox"/> Horizontal Flange output
<input type="checkbox"/> Other (Please specify)	

c. Any other specific information & requirements: (may attach separate sheet or files)

Issued by:

Approved by: