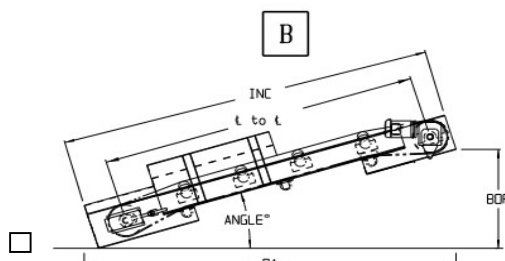
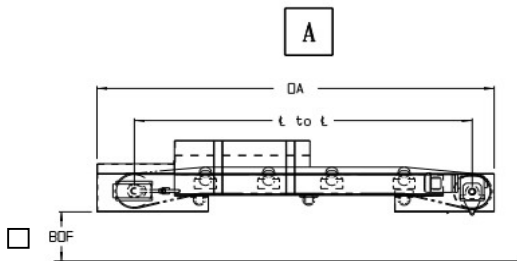


Trough Belt Conveyor Worksheet

Company _____
 Project _____
 Date ____/____/____

Name _____
 Phone # _____
 Salesperson _____

Style:



Quantity: _____

Type of Conveyor: ☐ Trough Roller Bed
☐ Trough Slider Bed

Belt Specifications:
 Effective Width: _____

Belt Type: ☐ PVC ☐ Rubber ☐ Other: _____

Patterns: ☐ U-Shaped Cleat ☐ Herringbone
 (Rubber Belt ☐ Closed Chevron ☐ Durocleat
 Only) ☐ Open Chevron

FPM: _____
☐ Fixed
☐ Variable (4:1 ratio)

Drive Specs: ☐ End Drive (Std.) ☐ Center Drive
☐ Top Mount ☐ Under Hung
☐ Washdown ☐ Variable Speed Motor

Motor ☐ 115V Single Phase ☐ 230V Three Phase
 Voltage: ☐ 230V Single Phase ☐ 460V Three Phase (Std.)
☐ 90V DC ☐ 575V Three Phase
☐ 180V DC ☐ Other: _____

Paint Color: ☐ Standard EVI Safety Blue
☐ Other: _____

Style A

Conveyor Length _____ OA or CL/CL
 Conveyor Height to Bottom of Frame _____

Style B

Conveyor Length _____ INC or CL/CL
 Angle of Incline _____
 Overall Floor Space _____
 Infeed Height to Bottom of Frame: _____
 Discharge to Clear Height of: (BOF) _____

Options:

☐ Leg Supports
☐ Casters
☐ Belt Side Guides
☐ Infeed Hopper TOH: _____ Width: _____
☐ Belt Scraper
☐ Belt Brush

Control Options:

☐ Variable Speed Controller
☐ Start/Stop
☐ E-Stop Button ☐ Input Voltage
☐ Pull Cord Stop ☐ 115V 1ph
☐ Mounted and Wired ☐ 230V 1ph
☐ Shipped Loose ☐ 230V 3ph
☐ Washdown ☐ 460V 3ph
☐ Other: _____

Product Info / Material Specifications:

Product(s) Being Conveyed _____

Minimum/Maximum - (L-W-H)

Product Size _____

% of Fines Present _____

Product Density #/Cu. Ft. _____

Sur Charge Angle _____

Angle of Repose _____

Product Wt./Hr. _____

Live Load _____

Max Surge Load _____

Liquids Present _____

Product Temp. _____

Loading Information:

Method of Loading _____

Does it Impact _____ Yes / No / Min

Free Fall Distance _____

Slide / Chute _____ Yes / No

Even / Metered Flow _____ Yes / No

Surges / Batches _____ Yes / No

Environment / Location Info:

Indoors Info:

Controlled Climate (heated/cooled) Yes / No

Outdoors Info:

Where is it going to be Geographically

State _____

City _____

Covered - Yes / No

Dew / Condensation / Rain / Snow - Yes / No

Useage Info:

Hours Per Day of Operation _____

Additional Information:

