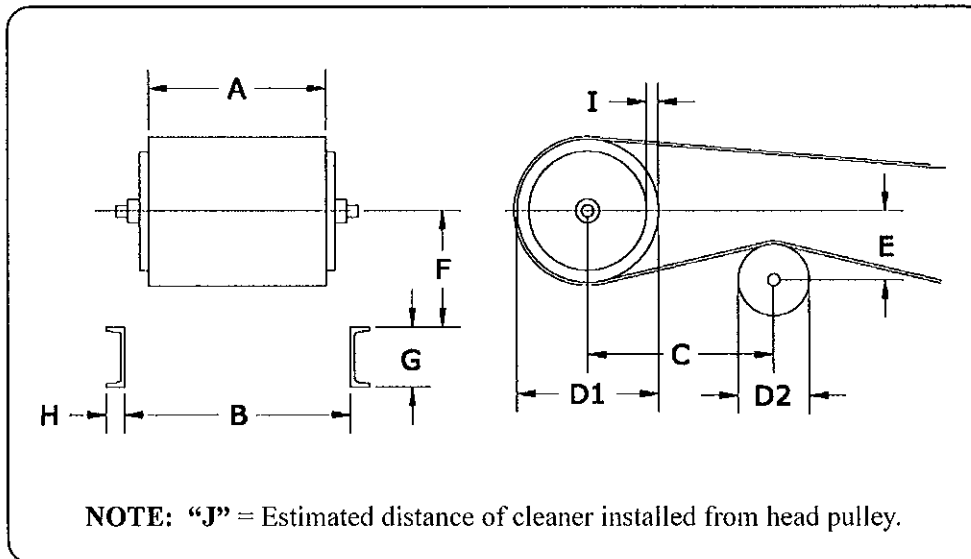


Systems Application Guide

Customer	Department / Division
Customer Address	Contact
	Position
	Phone Number



Dimensions	
A	
B	
C	
D1	
D2	
E	
F	
G	
H	
I	
J	

Equipment to be tested:

Conveyor Type & Model:		Belt Condition:	
Belt Speed:		Type of Joint:	Quantity of Joints:
Any Obstructions?		If mechanical, is the belt skived? Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Reversible Conveyor? Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Crowned Drum? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Existing Cleaner Type:	Blade Wear Life:	Type of Lagging:	
		Thickness of Lagging:	
Past history of blade performance:			
<hr/>			

Sieve Analysis Percents:

Material:	Abrasive? Yes <input type="checkbox"/> No <input type="checkbox"/>	Particle Size:
Shape (round, crushed, lusted, etc.):	Moisture content (slurry, dry, damp, etc.):	
Amount (tons per hour):	Are elevated temps involved? Yes <input type="checkbox"/> No <input type="checkbox"/>	What Temperature?