

BUCKET ELEVATOR DATA SHEET

Quantity:	Name or description of material to be handled:
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Density _____ per Cubic Foot	For Capacity _____	For Horsepower _____
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Size of Material (Sieve Analysis)	Max lump size: _____
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Temperature of Material _____ F deg. Min	_____ F deg. Max
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Material Characteristics:	
<input type="checkbox"/> Abrasive	<input type="checkbox"/> Fluffy
<input type="checkbox"/> Sluggish	<input type="checkbox"/> Free-Flowing
<input type="checkbox"/> Friable	<input type="checkbox"/> Sticky
<input type="checkbox"/> Other: _____	

Moisture Content _____ %	Angle of Repose _____ deg.
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Minimum feed rate (in tons per hour) _____	TPH
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Maximum capacity required (in tons per hour) _____	TPH
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AC (Municipal) Power:	
_____ Voltage	_____ Phase _____ Hz

Material of Construction:	
<input type="checkbox"/> Mild Steel	<input type="checkbox"/> 304 SS
<input type="checkbox"/> Other: _____	<input type="checkbox"/> 316 SS

Operating hours/24 hour day: _____

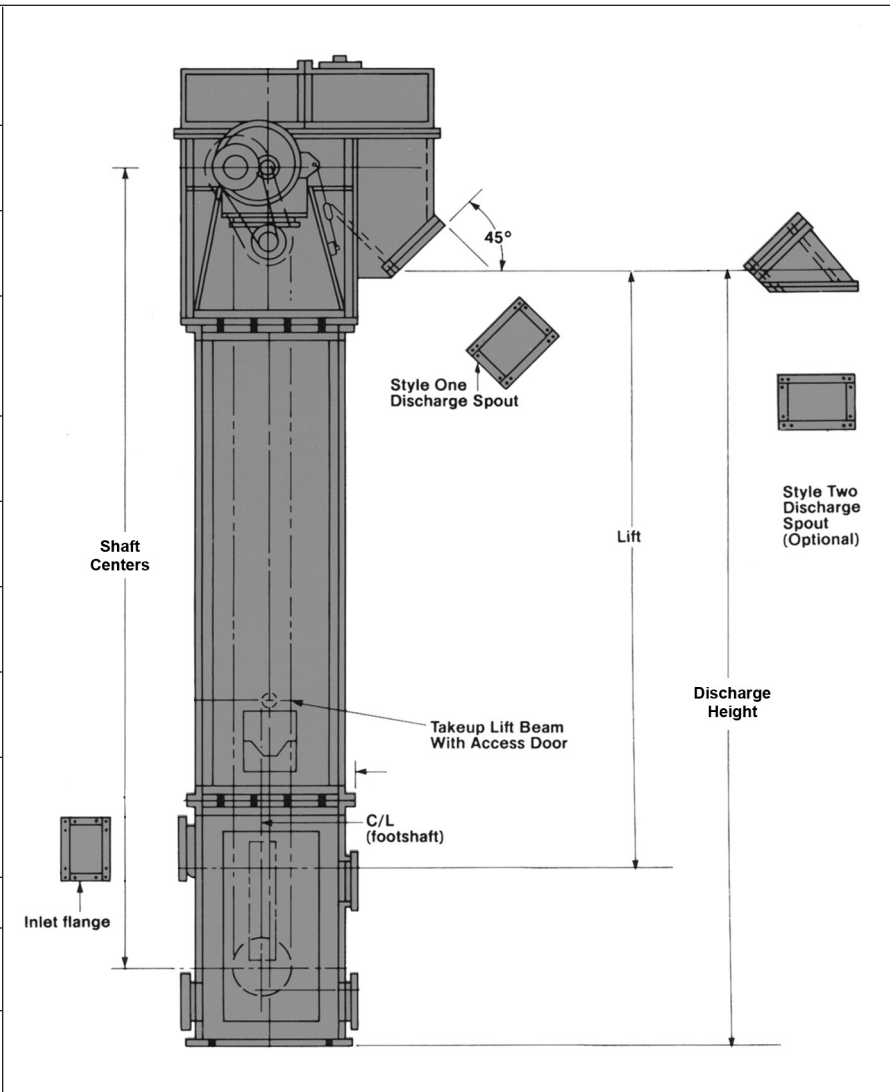
Elevator type: <input type="checkbox"/> Centrifugal <input type="checkbox"/> Continuous
<input type="checkbox"/> Other: _____

Elevator style:	Head Service Platform:
<input type="checkbox"/> Belt <input type="checkbox"/> Chain	<input type="checkbox"/> Yes <input type="checkbox"/> No

Intermediate platform: <input type="checkbox"/> Yes <input type="checkbox"/> No	Quantity: _____
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Ladder/cage (length): (OSHA standard is every 30') _____	ft.
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Other info or sketch:



Please indicate one of the following measurements: _____ ' _____ "

Shaft Centers Discharge Head Lift

Drive position (as viewed from discharge) RH LH

If there are any unusual operating conditions requiring special construction, please give details.

Customer type: User OEM Dist. Mfg. Rep.

Company Name:	Contact:
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Address:	Phone:
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City:	State:	Zip:	Fax:	Email:
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