

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 _____

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:

Abrasive Fluffy Sluggish Free-Flowing

Friable Sticky 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
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Material of Construction:

Mild Steel 304 SS 316 SS

Other: _____

Operating hours/24 hour day: _____

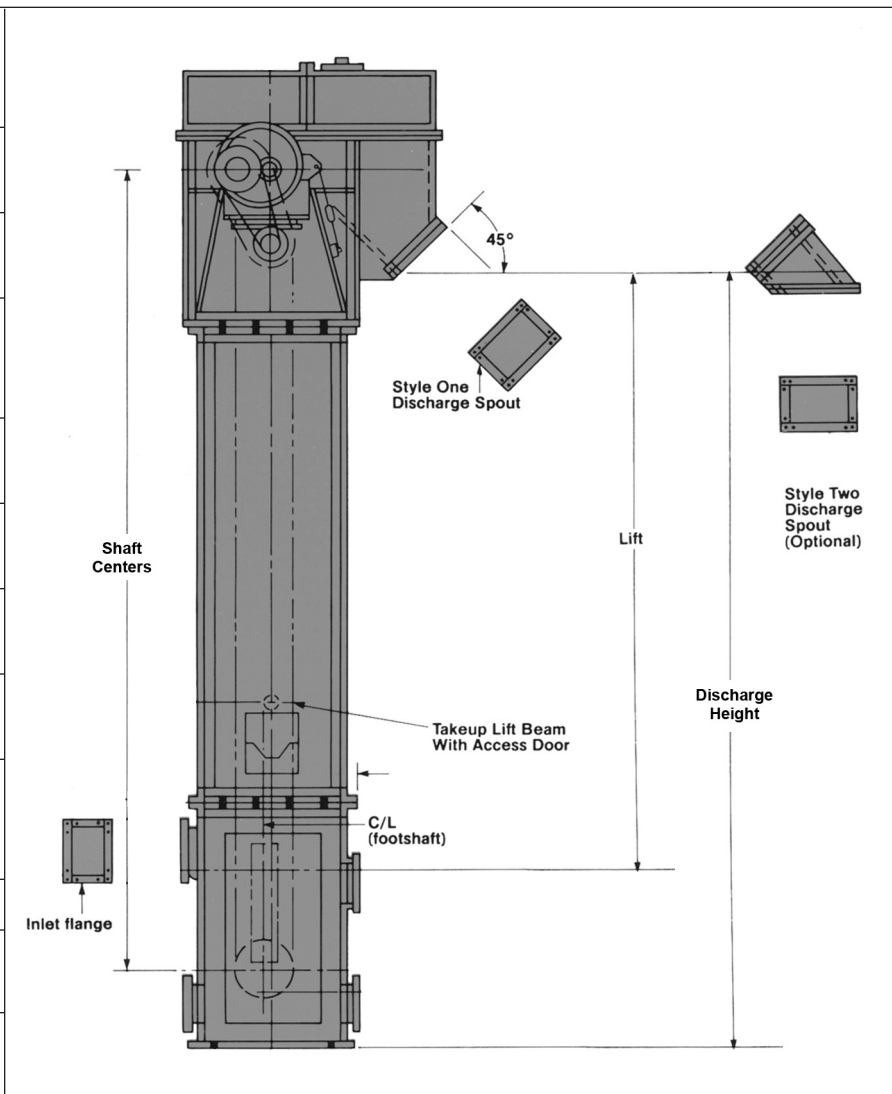
Elevator type: <input type="checkbox"/> Centrifugal <input type="checkbox"/> Continuous	<input type="checkbox"/> Other: _____
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Elevator style: <input type="checkbox"/> Belt <input type="checkbox"/> Chain	Head Service Platform: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Intermediate platform: (OSHA standard is every 30')	Quantity: _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	

Ladder/cage (length): _____ ft.

Other info or sketch:



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

Shaft Centers Discharge Height Lift

Drive position (as viewed from discharge) <input type="checkbox"/> RH <input type="checkbox"/> LH

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

Customer type: <input type="checkbox"/> User <input type="checkbox"/> OEM <input type="checkbox"/> Dist. <input type="checkbox"/> Mfg. Rep.

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