

BUCKET ELEVATOR DATA SHEET

Quantity:	Name or description of material to be handled:
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Density _____ For Capacity per Cubic Foot _____ 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: <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: _____
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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"/> 316 SS <input type="checkbox"/> Other: _____

Operating hours/24 hour day:

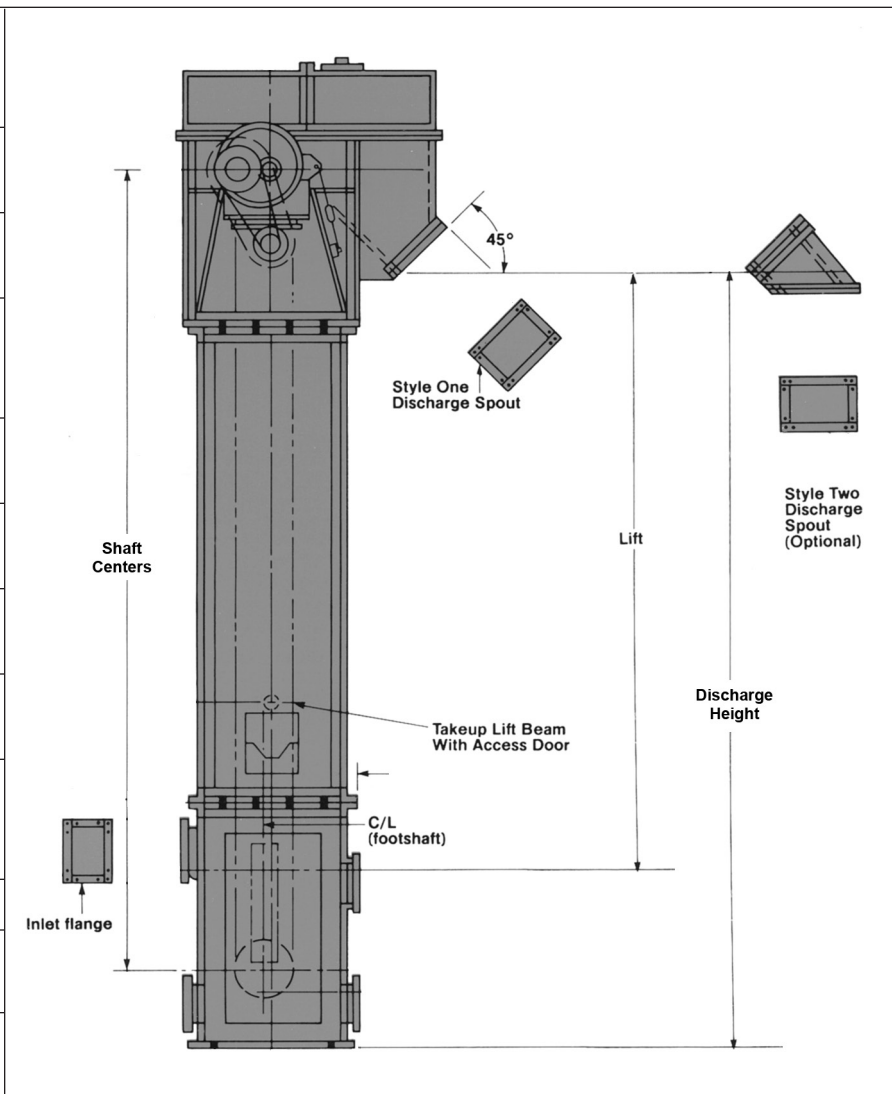
Elevator type: <input type="checkbox"/> Centrifugal <input type="checkbox"/> Continuous <input type="checkbox"/> Other: _____
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Elevator style: <input type="checkbox"/> Belt <input type="checkbox"/> Chain	Head Service Platform: <input type="checkbox"/>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

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) 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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