

QUESTIONNAIRE FOR SERIES 4B METAL DETECTOR

DATE: _____

COMPANY: _____

PHONE: _____

CONTACT NAME: _____

DEPT: _____

APERTURE SIZE:* _____

POWER SUPPLY: _____ 240V/110V/50/60HZ

PRODUCT: _____ TEMPERATURE: _____

PRODUCT DIMENSIONS: _____ (L) _____ (W) _____ (H)

DIRECTION OF FLOW: _____ (L) _____ (W)

BELT WIDTH : _____

PRODUCT CONTAMINATION: SPHERE SIZE: _____ METAL TYPE: _____

PACKS/MINUTE: _____

BELT SPEED (FIXED): _____ mtrs/m **OR**
(VARIABLE): _____ mtrs/m (min) TO _____ mtrs/m (max)

CONVEYOR SPECIFICATION: CONVEYOR QUOTE REQUIRED? YES NO

SPACING BETWEEN PACKS/UNIT: _____

DIRECTION OF FEED: LEFT TO RIGHT RIGHT TO LEFT

CONVEYOR HEIGHT FOR METAL DETECTOR: _____ INFEEED _____ OUTFEED

MANUAL FEED:

INFEEED CONVEYOR HEIGHT: _____ OUTFEED CONVEYOR HEIGHT: _____

PRODUCT WEIGHT: _____

TYPE OF REJECTION: _____

REJECT PRODUCT TO: FRONT BACK OF CONVEYOR

SPECIAL REQUIREMENTS:

* TO BE COMPLETED BY TSS.

SIGNATURE: _____ DATE: _____