

**Customer Information**

Company Name	<input type="text"/>	Phone Number	<input type="text"/>
Contact Name	<input type="text"/>	Fax Number	<input type="text"/>
Street or P.O. Box	<input type="text"/>	Email Address  <input type="text"/>	
City	<input type="text"/>		
State /Province	<input type="text"/>		
Zip Code	<input type="text"/>		
Country	<input type="text"/>		
Project Name <input type="text"/>		Date <input type="text"/>	

**Process Specifications**

Product <input type="text"/>	Process Material <input type="text"/>
Bulk Density (Nominal) <input type="text"/>	Particle Size <input type="text"/>
Requested accuracy <input type="text"/>	Moisture Range % MIN <input type="text"/> Nom <input type="text"/> MAX <input type="text"/>
Normal Product Temperature: <input type="text"/>	Load MIN <input type="text"/> tph Nom <input type="text"/> tph MAX <input type="text"/> tph
Ambient Temperature: <input type="text"/>	C/F <input type="text"/>
<b>***Under normal operations does the belt ever go empty?***</b>	
<input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>	

**Physical Arrangement**

<b><u>Belt Conveyor</u></b>			
Flat <input type="text"/>	Troughed <input type="text"/>	Other <input type="text"/>	
Belt Width <input type="text"/> In	Belt Material <input type="text"/>		
Width of Product on Belt <input type="text"/> In	Belt Angle <input type="text"/>		
Belt Speed (please write in units)			
MIN <input type="text"/>	Normal <input type="text"/>	MAX <input type="text"/>	
Nominal Height of Material on Belt (please write in units)			
MIN <input type="text"/>	Normal <input type="text"/>	MAX <input type="text"/>	
Nominal Mass Flow Rate (please write in units)			
MIN <input type="text"/>	Normal <input type="text"/>	MAX <input type="text"/>	

<b><u>Screw Conveyor</u></b>	
Screw Diameter <input type="text"/>	Screw Pitch <input type="text"/>
Speed / RPM <input type="text"/>	
Wall Material <input type="text"/>	Wall Thickness <input type="text"/> In

**Other Conveyor** (Please Provide a Sketch)

<b><u>Free Fall Application</u></b> (Please Provide a Sketch)	
Inner Pipe Diameter <input type="text"/>	
Wall Material <input type="text"/>	Wall Thickness <input type="text"/> In
Distance from Start of Free Fall to Measuring Point <input type="text"/>	In

**Retrofit Using Existing Source & Shield**

Original Source Date <input type="text"/>	<i>mCi</i>
Original Source Size <input type="text"/>	
Type of Isotope <input type="text"/>	
Supplier of Source <input type="text"/>	

**Available Customer Calibration Methods**

Circle at least one :  Known Load     Truck Load     Belt Cut Load     Other