

Fax completed form to **+61 03 9357 0455** or alternatively visit **www.contechengineering.com** and complete the enquiry sheet on-line.
Replacement Faxable Enquiry Sheets can be downloaded from the website.

Alternatively, if you would rather have an Engineer or representative contact you to discuss your requirements please email: –
admin@contechengineering.com or phone **+61 03 9357 0299**

Date...../...../.....

● Client details:

Company name _____
Contact Name _____
Title _____
Street address _____
City _____ State _____ Postal Code _____
Postal address (if different) _____
City _____ State _____ Postal Code _____
Country _____
Telephone number _____
Fax number _____
Email address _____

● Project details:

Project Name _____
Project Location _____
Consulting Engineer (If any) _____
Contact name _____
Telephone number _____
Email address _____

● Site details:

Site/ambient temperature _____ °C Humidity % _____
Conveyor location (inside, outside, covered etc.) _____
Washdown procedure (if any) _____
Electrical supply
Voltage _____ Volts± _____ % Phase _____ Hz

● Conveyed Product:

Product description _____
Product B.D. (m³) _____
Product Rate _____
Product temp (°C) _____
Food Production hygiene area Yes No
Required capacity (ie cartons/min) _____

● Operation

Continuous 24 hours/day - 7 days/week
 Other _____ hours/day _____ days/week
 Seasonal (details) _____

● Conveyor details:

Conveyor designation, capacity, length and configuration.

For larger projects please print additional sheets from our website, please provide complete engineering drawings and specifications if available.

Conveyor # _____
Conveyor type LMS LMC LMF LMP LMIP LMT
Conveyor Configuration (provide sketch on page two)
Conveyor Construction M.S. Powdercoat Stainless Steel
Belt Width (mm) _____
Conveyor Length (mm) _____
In-feed Height (mm) _____
Out-feed Height (mm) _____
Belt Speed (m/min) _____
Belt Type Straight Running Side Flexing
Friction Modules Required Yes No Max Angle _____
Flights Yes No Flight Height (mm) _____
Side Guides Yes No Side Guide Height (mm) _____
Conveyor Supports Leg Assemblies Cling Hanger Supports
 Mobile (on braking castors)
Drive Required Yes No
Variable speed drive (VSD) required Yes No
Belt speed range - from (m/min) _____ to (m/min) _____

● In-feed Description (Conveyor feed by)

Belt Conveyor
 Vibrating Conveyor
 Other (please specify) _____

● Out-feed Description (Conveyor feed by)

Belt Conveyor
 Vibrating Conveyor
 Other (please specify) _____

● Optional Equipment

Knife Edge Metalfree
 Carton Merger CIPSystems
 Auto Tracking
 Other _____



● **Configuration Sketch**

Please provide engineering drawings if available

A large rectangular area filled with a fine grid pattern, intended for drawing or sketching a configuration.

● **Additional Information & Comments**

A rectangular area with horizontal dotted lines, intended for providing additional information or comments.