



Conveyor Application Form

Company: _____

Contact: _____

Address:

City, State or Province:

Zip Code or Postal Code: _____

Phone: _____ Fax: _____

Email: _____

Project Reference:

Timeframe for: Project Order _____ Quote/Proposal _____

Pricing Requirement: Budget Firm

What should the conveyor do?

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Detailed sequence of operation:

1. Product being conveyed?

2. Product temperature range? _____ to _____ degrees F or C or Ambient

3. Condition of the containers and bottom surface?

4. Container material contacting the conveyor surface?

5. Bottom configuration of the container contacting the conveyor surface?

6. Maximum length of the product (in direction of travel)? _____

7. Maximum width of the product? _____

Conveyor Application Form

8. Maximum weight of the product being conveyed? _____

9. Maximum total live load (moving weight) on the conveyor? _____

10. Configuration and orientation to the direction of travel?

11. Environment temperature range? _____ to _____ degrees F or C
or Ambient

12. Other environmental factors?

- Oil
- Moisture/Humidity
- Dust
- Abrasive Material
- Other:

13. Will accumulation (aggregation of containers) occur on the conveyor?

- Yes No **(Live Roller and Chain only)**
 - o Zero pressure accumulation (containers don't touch each other) required?
(start/stop each load) Yes No
 - o Is minimum pressure accumulation (containers touch each other, but the driving
force is minimal) required? Yes No

14. Are we to determine the decline angle for the product to flow? Yes No
(Gravity only)

o Beginning Elevation: _____

o Ending Elevation: _____

15. How will the conveyor be loaded?

Conveyor Application Form

- Shock to the system during loading? Yes No
16. How will the conveyor be unloaded?
17. Will the conveyor start/stop under full load? Yes No **(Powered only)**
18. Does the conveyor need to reverse? Yes No **(Powered only)**
19. How many hours per day will the conveyor run? **(Powered only)** _____
20. What is the rate of product per hour? **(Powered only)** _____
21. Belt speed – fpm (feet per minute): **(Belt only)** _____
22. Roller Bearings: non-precision semi-precision precision **(n/a for CHAIN)**
23. Special Motor needs: **LEWCO Standard: Baldor / Leeson (Powered only)**
- Brand _____
- Voltage _____
- Phase _____
- Cycles _____
24. Special reducer brand? **LEWCO Standard: Grove Gear (Powered only)**
- _____
25. Belt or chain recommendation or preference? **(Powered only)**
26. Special paint **(Safety Blue is Standard)**: RAL number _____
- Sample to be provided? Yes No
27. Will sketches be provided? Yes No

Conveyor Application Form

28. Will layout drawings be provided? Yes No

Corporate Specifications:

29. Other special requirements:

CONTROLS (Powered only)

1. Available power supply: Voltage/Phase/Hertz (Hz)

- 480/3/60
- 240/1/60
- 110/1/60
- Other _____

2. Type of controls required:

- At-motor disconnect switch
- o Motor starter:
 - Across the line (fixed speed)
 - Variable frequency drive (variable speed)
 - Manual (basic switch operation)
- Proximity switch
- Limit switch
- Photo eye
- Pneumatic control valves



Conveyor Application Form

- E-Stop:
 - Remote pushbutton station (mushroom)
 - Pull-cable type
 - Foot switch
- Other special devices:

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- Other special requirements:
