

Conveyor Belt Questionnaire

Contact information:

Company*
 Contact person*
 Phone number
 E-mail



Tel: +33 (0) 4 78 91 81 01
 Fax: +33 (0) 4 78 91 05 09
www.reveyron.com

Belt in place :

Dimensions :
 Length (m):*
 Width (mm):*
 Splicing:* Yes or No
 Fasteners:* Yes or No
 If yes, what type
 Thickness (mm) :
 Number of plies :

Top cover :
 Bottom cover :

Antistatic : Yes or No

Material:

PVC	PU	SILICONE
-----	----	----------

Equipment:

Tracking guides on bottom cover Yes or No
 Type and position (mm) :

Tracking guides on top cover Yes or No
 Type and position (mm) :

Sidewalls Yes or No
 Colour and Height (mm) :

Cleats / Flights Yes or No
 Height (mm) :

Other, specify Yes or No

Waves	Fingers	Holes
-------	---------	-------

Application :

Product conveyed

Working Conditions:

Dry + Clean	Sharp Cuts	Humid
pH	Abrasive	Oil + Fat

Weight per linear meter (Kg/m) :

or

Total weight (Kg) :

Accumulation on belt: Yes or No

Service time :

/7 days

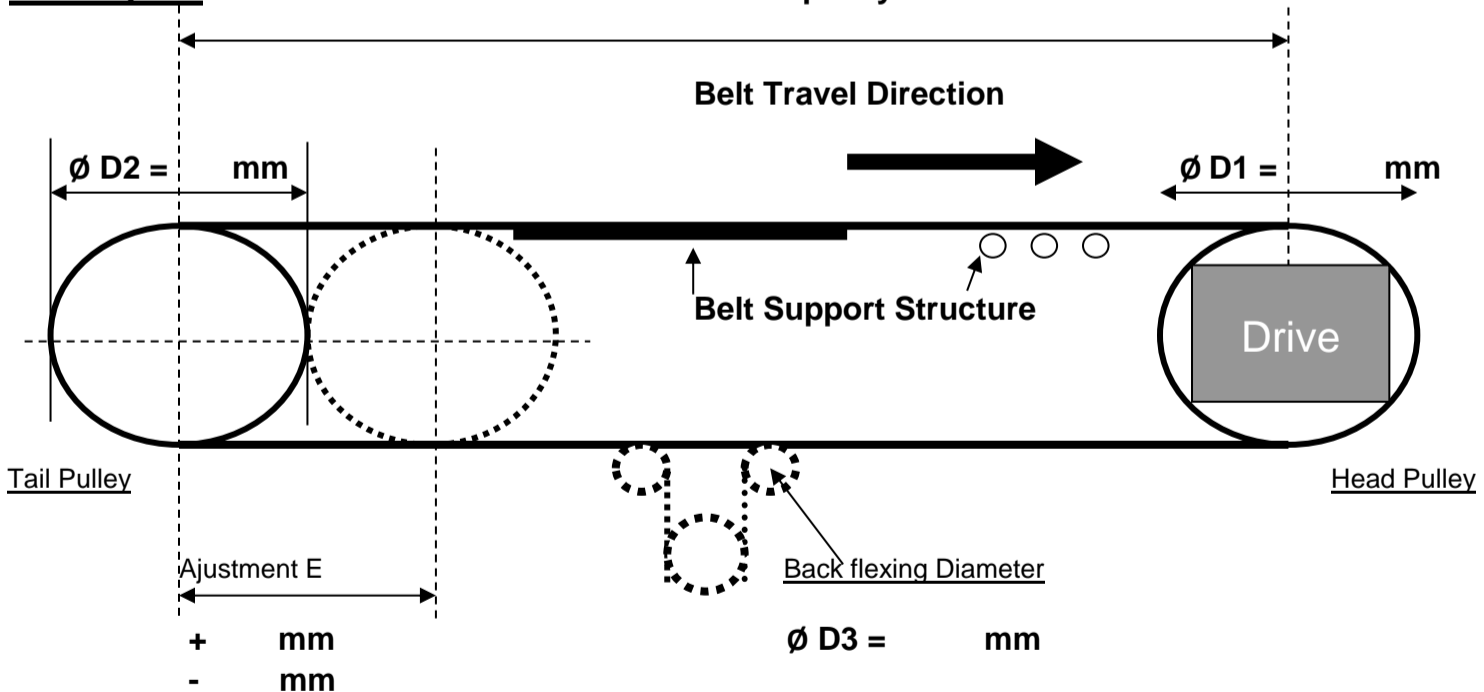
/24 h

Ambient Temperature (°C)

Product Temperature (°C) :

Conveyor :

Distance between pulley centres: mm



Incline of conveyor (°) :

Belt support :

Slider bed or Rollers

Total width (mm) :

Flat or Troughed

Is the driving pulley crowned?: Yes or No

Type of troughed conveyor

Back flexing: Yes or No

Incline of trough (°) :

Belt speed (m/mn) :

Position of drive:

Drive on knife-edge

Fixed or Turning

Tail

Head