

Questionnaire for solid matter feeding systems.

Contact details			
Enquiry Number:		Project:	
Company name:			
Street/ZIP/town/country:			
Telephone:			
Fax:			
E-mail:			
General			
a) Information required		<input type="checkbox"/>	
b) Offer required		<input type="checkbox"/>	
c) Design proposal required		<input type="checkbox"/>	
d) Visit in your office required		<input type="checkbox"/>	
e) Test with Substrates required		<input type="checkbox"/>	
Substrates to be processed			
Substrate:			
Density:			
DS- Content:			
Particle/ fibre sizes:			
PH – value:			
Free liquids:			
Remarks to further material properties:			
Undesired material to expect such as stones etc.:			
a) of which kind:			
b) of what size:			

Test materials available:		
- Please send pictures of the substrates if available. -		
<b>Required intake bunker/ reception bunker system:</b>		
1.) Overfloor or underground execution:	<input type="checkbox"/>	<input type="checkbox"/>
Preferred execution of the bunker:		
a) execution in concrete	<input type="checkbox"/>	
b) execution in steel	<input type="checkbox"/>	
2.) Required volume capacity in cbm:		
3.) Loading of intake /reception system by		
Shovelloader	<input type="checkbox"/>	
Telescopic loader	<input type="checkbox"/>	
Back tipping truck	<input type="checkbox"/>	
Side tipping truck	<input type="checkbox"/>	
Pushwall truck (rear unloading)	<input type="checkbox"/>	
Walkingfloortruck (rear unloading)	<input type="checkbox"/>	
Others:		
4.) Required outload capacity in cbm/hour:		
5.) Weigh system required:		
a) Loss in weight solution (= bunker on load cells, only for steel bunkers available)		<input type="checkbox"/>
b) External weigh system (such as weigh belt conveyors)		<input type="checkbox"/>
6.) Conveyors behind intake system/ reception system		
a) Pump system to supplied by others:	Typ:	<input type="checkbox"/>
b) Mechanical conveying systems such as screw-,scraper-or belt conveyors:		<input type="checkbox"/>
<b>Crusher system required</b>		
Crushing system necessary?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Depacking of material required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Minimum output particle size required:		
<b>Operation time and capacities</b>		
a) Amount of material in to / year to be processed:		

b) Operation days / year:	
c) Operation time / day in hours:	
<b>Available special information</b>	
General layout drawings already available? (Preferable in dxf, dwg or step format)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pictures/ Photos available of the location?	<input type="checkbox"/> Yes <input type="checkbox"/> No
- Any sketch of the intended setup is helpful and appreciated to enable us to meet your demand! -	
<b>Common information</b>	
Your company is ... end user of the equipment or reseller	<input type="checkbox"/>
Enquiry for project under execution or Enquiry for tender	<input type="checkbox"/>
Expected date for finalized installation of required equipment:	
Final destination of equipment (country/address if available)	
Company:	_____
Street:	_____
Country/TIP/ town:	_____
Transport of equipment required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Installation service for equipment required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Commissioning of equipment required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Special voltages to be considered?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, which voltages?	
Special local regulation to be considered?	
<b>Where did the contact to our company came from?</b>	
Existing business relation ship	<input type="checkbox"/>
Recommendation	<input type="checkbox"/>
Internet	<input type="checkbox"/>
Fair	<input type="checkbox"/>
Advertisements	<input type="checkbox"/>

Others:

**Additional notes**

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