

**Thank you for your interest in TRENT Products. To assist us in designing and recommending an conveyor system for you, please complete and return the following questionnaire to us:**

CONTACT NAME _____	TITLE _____
COMPANY _____	PHONE _____
ADDRESS _____	FAX _____
	EMAIL _____
CITY _____ STATE _____	WEBSITE _____
COUNTRY _____ ZIPCODE _____	

**YOUR PRODUCT:**

What TYPE OF MATERIAL will you be processing in this Conveyor? (Steel, Brass, Glass, Plastics, Chemicals, Liquid, or Solid, etc.) \_\_\_\_\_

What are the unit dimensions (SIZE) and WEIGHT of the load to be processed, including fixtures, clamps, jigs, etc.? \_\_\_\_\_

**YOUR PROCESS:**

What type of operation will you be performing in this conveyor? (ex. Annealing, Drying, Baking, Curing, heat treating, etc.) \_\_\_\_\_

What is the Normal Operating Temperature of this process? \_\_\_\_\_

What is the Maximum Operating Temperature of this process? \_\_\_\_\_

Does this process require outside venting or forced exhaust?  YES  NO

Are flammable, explosive, toxic or noxious vapors or fumes produced from your process?  YES  NO

If YES, in what concentration? (ex. Gallons/Batch) \_\_\_\_\_

Does this process require a controlled atmosphere?  YES  NO What type? \_\_\_\_\_

What is your desired production rate? (Units / Hour or Shift , Lbs. / Hour, etc.) \_\_\_\_\_

For us to understand the temperature requirements of your process, please indicate for each ZONE/PHASE (preheating, hold, firing, cooling, etc.) of the process, its DURATION, the desired TEMPERATURE at the end of the phase and any TEMPERATURE UNIFORMITY requirements. If not applicable, please indicate N/A:

Zone 1 Type & Duration _____	End Temp. _____	Temp. Uniformity _____	±°F
Zone 2 Type & Duration _____	End Temp. _____	Temp. Uniformity _____	±°F
Zone 3 Type & Duration _____	End Temp. _____	Temp. Uniformity _____	±°F
Zone 4 Type & Duration _____	End Temp. _____	Temp. Uniformity _____	±°F
Zone 5 Type & Duration _____	End Temp. _____	Temp. Uniformity _____	±°F

What are your LOADING Zone length and UNLOADING Zone Length Requirements?

LOADING Zone: \_\_\_\_\_ UNLOADING Zone: \_\_\_\_\_

What is your METHOD of LOADING or STACKING the charge? \_\_\_\_\_

**THE CONVEYOR:**

What ELECTRICAL SERVICE is available? \_\_\_\_\_ Voltage \_\_\_\_\_ Phase \_\_\_\_\_ Amps \_\_\_\_\_ Hz  
 How much FLOOR SPACE is available? \_\_\_\_\_ Length \_\_\_\_\_ Width  
 Are there any HEIGHT RESTRICTIONS?  YES  NO If YES, please elaborate? \_\_\_\_\_

What is your desired BELT HEIGHT above the shop floor? \_\_\_\_\_

What is your suggested BELT WIDTH? \_\_\_\_\_

Do you want the controls on the left or right side when facing the LOAD ZONE?  Left Side  Right Side

What type of CONTROL INSTRUMENTATION is desired?: \_\_\_\_\_ BRAND PREFERENCE \_\_\_\_\_

- ON/OFF PID Control \_\_\_\_\_
- Proportional PID Control with SCR Power Controller \_\_\_\_\_
- Programmable Controller for Ramp and Soak \_\_\_\_\_
- Chart Recorder \_\_\_\_\_
- Overtemperature Protection \_\_\_\_\_
- Belt Speed Control - Speed variable max.-min. inches/minute. \_\_\_\_\_
- INDICATING Lights, Alarm Bells, etc. \_\_\_\_\_
- Indicating Lights, Alarm Bells, etc. \_\_\_\_\_
- Other (Indicate in space provided) \_\_\_\_\_

When do you require DELIVERY of this Conveyor? \_\_\_\_\_

**ADDITIONAL COMMENTS:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**USE THIS AREA TO SKETCH ANY PERTINENT DIMENSIONS:**