



DATASHEET FOR PRAC UNIT GOODS

CUSTOMER		OPERATING CONDITIONS			
Name:		Material :			
Designation:		Size(LxBxH) (mm) / Orientation on Conv.:			
Company:		Straight Part (Mtr.)			
Address:		Bend Portion (in ° if any):			
City:	State:	Capacity (Nos./ Hr):			
Zip Code:	Country:	Duty Rating and Hrs.run / day			
Phone:	Fax:	Weight of each Material (kg.)			
E-mail:	Web Site:				
Roller Details					
MOC of Roller:		Merge Unit :	<input type="checkbox"/>		
Roller Dia (mm):		Switch Unit :	<input type="checkbox"/>		
Roller length (mm):		Chain Transfer:	<input type="checkbox"/>		
Bearing Type:		Rotary Blade Stop	<input type="checkbox"/>		
Roller Spindle Type:		Vertical Blade Stop:	<input type="checkbox"/>		
		Line Brake:	<input type="checkbox"/>		
Stringers					
MOC		<i>DRIVE</i>	<i>Motor</i>	<i>Gear Box</i>	<i>2nd. Trans</i>
Thk. (mm) :		Make :			
Height (mm) x Length(Mtr) x Nos :		Model:			
Height (mm) x Length(Mtr) x Nos :		Spec:			
Height (mm) x Length(Mtr) x Nos :		Contd :			
Height (mm) x Length(Mtr) x Nos :		I/P RPM:			
		O/P RPM:			
Support					
MOC		Torque (Kg-M):			
Height (mm) x Nos.:		Teeth:			
MOC of Base		Pitch:			
Det. of Base:		Lub:			
Det. of Smiley Brackets:					
Det. of Tie Rods:					
Det. of Side Guard					

FILLED UP BY:
Signature:
Date:
Initial:
Designation:

CHECKED BY:
Signature:
Date:
Initial:
Designation: