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**Form 2** for those who consider the use of MBRs with a wheel conveyor

Fill in the form about your conveyor system.

Please fill in the form and fax it to us.

●Your company name:

●Phone:

●Representative:

●Fax:

① Tilting angle \_\_\_\_\_ degrees (1-30 degrees)  
 Difference in height \_\_\_\_\_ mm

② Conveyor (tilted portion) length \_\_\_\_\_ mm

③ Load size

Max.	W	mm × L	mm × H	mm
Min.	W	mm × L	mm × H	mm

④ Load weight

Max.	kg
Min.	kg

⑤ Load container material \_\_\_\_\_ (Circle your choice.)

Cardboard	Plastic	Wood	Metal
Other ( _____ )			

⑥ Initial speed \_\_\_\_\_ m/min. (0-90 m/min.)

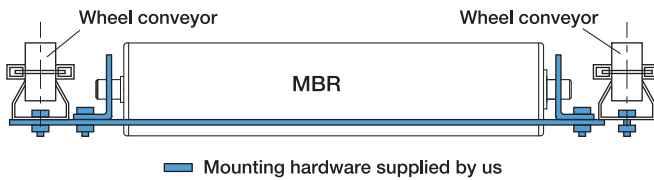
⑦ Desired conveying speed \_\_\_\_\_ m/min. or less

Tolerance to impact of collision between loads \_\_\_\_\_ (Circle your choice.)

High	Medium	Low	Very low
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Medium: Not so strong impact is tolerable.  
 Low: Only weak impact is tolerable.

**Installation Drawing**



**Reference 1**

Wheel conveyor maker:  
 Wheel conveyor model:

A	mm
B	mm
C	mm
D	mm
P (roller pitch)	mm

**Reference 2**

Wheel conveyor maker:  
 Wheel conveyor model:

E	mm
F	mm
G	mm
H	mm
J	mm
K	mm
P (roller pitch)	mm

Other information:

Please give us detailed information about your conveyor system by fax. We will contact you upon receipt of your fax.

For safety, if your current operating conditions are different from the conditions of which you initially informed us, be sure to let us know.