

Phone: 800-940-4044

Fax: 800-845-6787

Magnet Worksheet

Company: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Contact: _____ Project: _____

Conveyor Number: _____

Permanent Magnet or ElectroMagnet: Self-Clean _____ or Manual Clean _____



In-Line application. In-Line: _____ or



Cross-Belt application. Cross-Belt: _____

Material Conveyed: _____ Material Type: Wet__ Dry__

Belt Width: _____ Belt Brand / Model: _____

Troughing Angle: _____ Product / Burden Depth: _____

Belt Speed: _____ (Fixed / Variable) Belt Length: _____

Tons Per Hour (Max): _____

Is Conveyor Inclined? _____ If so, what is the angle? _____

Size / Type Tramp Metal to be Removed: _____

Minimum Size of Tramp Metal: _____ Maximum Size: _____

Power Requirements: Input Voltage: _____ Hertz: _____ NEMA _____

Suspension Height Requirements: _____

Amount of Ferrous Metal Under Conveyor: _____