



Wear Protection Lining Questionnaire

Rema Tip Top North America, Inc.
1500 Industrial Blvd.
Madison, Georgia 30650
Ph. #: (800) 334-7362 Fax: (706) 752-4015

Customer: _____

Contact: _____

Phone: _____

Fax: _____

Address: _____

Following Information Provided By: _____

1. Equipment or Type of Installation: _____

- Partial Lining
- Complete Lining
- New Lining
- Previously Lined

- Equipment in Operation
- Still in Planning Stage
- Remarks: _____

Mfg.: _____

Material: _____

Thickness: _____

Method of Attachment: _____

Service Life: _____

Total Tons: _____

2. Purpose of Lining:

- Wear
- Corrosion
- Caking

- Noise
 - Other: _____
- _____

3. Data on Transported Materials:

Type of Material: _____

Composition: _____

Specific Weight: _____

Humidity: _____

Oil Content: _____

Chemicals: _____

Constant Temp.: _____

Lump Size:

From: _____ To: _____

Size Breakdown in Percentage:

Max. Temperature: _____

Duration: _____

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4. Material Delivery (feeding system):

- Conveyor Belt
- Truck
- Excavator / Loader
- Other: _____

Capacity in TPH: _____

Angle of Impact ("a"): _____

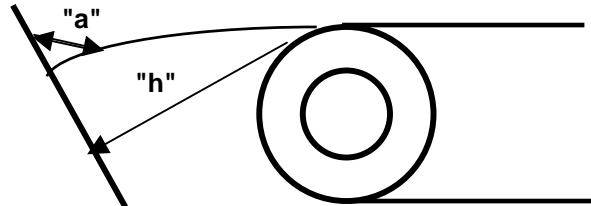
Height of Fall ("h"): _____

Drawing Provided of Impact Area

Yes

No

Belt Speed: _____



Type of Wear (abrasive, cutting, gouging, etc.) and any additional information:

5. Additional Information:

Attachment Method Requested: _____

Dimensions: _____

Modifications to Existing Construction: Not Necessary
 Not Possible
 Required (see attached drawing)

Possible Problems During Installation: _____

Additional Information: _____

6. Recommended Type of Lining (to be completed by Rema Tip Top):

Material Type: _____

Rema Product Numbers: _____

Thickness: _____ Attachment Method: _____

Lining Recommendation Made By: _____

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- 7. Provide Accurate Drawing with Dimensions of Transfer Points, Bins, Hoppers, Storage Tanks, etc. (in space below)**

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8. Provide Accurate Drawing of Impact Area or Areas (in space below)