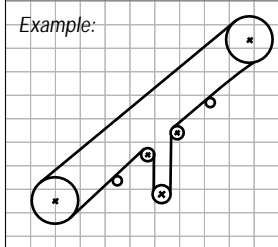


LASER ALIGNMENT SURVEY FORM

Customer: _____ Contact: _____
 Plant Name: _____ Title: _____
 Address: _____ Phone: _____
 City: _____ Fax: _____
 State: _____ Zip: _____ Country: _____ Email: _____
 Conveyor #: _____ Cell: _____

Please sketch outline of current conveyor



Conveyor Data

Indoor / Outdoor / Both (circle one)

Type of Conveyor:

- _____ Stationary
- _____ Radial
- _____ Shuttle
- _____ Incline
- _____ Overland
- _____ Tripper

Overall Conveyor Length = _____
 Belt Width = _____
 Angle of Incline (deg.) = _____
 Height at Tail = _____
 Height at Head = _____
 Screw Take-Up or Counterweight (circle one)
 Take-Up Travel = _____
 Number of Pulleys = _____
 Location of Drive = _____
 Are Hoods Installed = _____
 Type of Material = _____

Is there a clear line of sight from tail to head on catwalk?

Reason for laser alignment inquiry:

Catwalks:

- _____ None
- _____ One Side
- _____ Both Sides

If digital pictures are available please e-mail to
bladue@asgco.com