WEAR LINER DATA SHEET

CLIENT DETAILS:

Company Name: _____ Contact: _____

Plant Name: _____ Title: _____

Address: _____ Phone: _____

City: _____ Fax: _____

State: _____ Zip: _____ Country: _____ Email: _____

Application: _____

Material being processed: ❑ Primary ❑ Secondary ❑ Tertiary

Type of material being processed: _____

Temperature Range: _____

Moisture content %: _____

Size of product and % of fines being processed: _____

Angle at which feed material makes contact: _____

Current wear material: _____ Current life: _____

Fall height: _____ Current speeds: _____

Installation used: ❑ Bolted ❑ Studs ❑ Welded ❑ Epoxy ❑ Other _____

Drawings available: ❑ Yes ❑ No *(if NO please draw below)*