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

Example:

Conveyor Data

Indoor / Outdoor / Both (circle one)

Type of Conveyor:

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

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

Reason for laser alignment inquiry:

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 = ____________________________

Catwalks:

_____ None
_____ One Side
_____ Both Sides

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