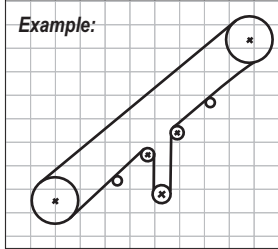


# LASER ALIGNMENT SURVEY FORM

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 = \_\_\_\_\_

**Catwalks:**

- \_\_\_\_\_ None
- \_\_\_\_\_ One Side
- \_\_\_\_\_ Both Sides

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

\_\_\_\_\_  
 \_\_\_\_\_

Reason for laser alignment inquiry:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

If digital pictures are available please e-mail to [bladue@asgco.com](mailto:bladue@asgco.com)