



# PRE-TRAINING QUESTIONNAIRE

Date: \_\_\_\_\_

Main Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

End User       Distributor       OEM

Company: \_\_\_\_\_

Type of Industry:    Aggregate    Pulp & Paper    Coal    Steel    Cement    Other \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Name of Attendees:

(1) \_\_\_\_\_ Title: \_\_\_\_\_ Yrs. of Conveyor Exp.: \_\_\_\_\_

(2) \_\_\_\_\_ Title: \_\_\_\_\_ Yrs. of Conveyor Exp.: \_\_\_\_\_

(3) \_\_\_\_\_ Title: \_\_\_\_\_ Yrs. of Conveyor Exp.: \_\_\_\_\_

(4) \_\_\_\_\_ Title: \_\_\_\_\_ Yrs. of Conveyor Exp.: \_\_\_\_\_

(5) \_\_\_\_\_ Title: \_\_\_\_\_ Yrs. of Conveyor Exp.: \_\_\_\_\_

(6) \_\_\_\_\_ Title: \_\_\_\_\_ Yrs. of Conveyor Exp.: \_\_\_\_\_

Specific products you would like to be trained on: *Please rate from most interested (1) to least interested (5)*

\_\_\_ Belt Cleaners                      ① ② ③ ④ ⑤                      \_\_\_ Load Zone Support                      ① ② ③ ④ ⑤

\_\_\_ Belt Tracking Idlers                      ① ② ③ ④ ⑤                      \_\_\_ Wear Liners                      ① ② ③ ④ ⑤

\_\_\_ Skirting & Dust Control                      ① ② ③ ④ ⑤                      \_\_\_ Conveyor Safety Equipment                      ① ② ③ ④ ⑤

\_\_\_ Pulley Lagging                      ① ② ③ ④ ⑤                      \_\_\_ Transfer Point Design                      ① ② ③ ④ ⑤

\_\_\_ Laser Alignment                      ① ② ③ ④ ⑤                      \_\_\_ Steep Angle Conveyor Accessories                      ① ② ③ ④ ⑤

General Comments:

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