



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:

