



VAUGHN BELTING COMPANY, INC.

200 Northeast Drive P.O. Box 5505 Spartanburg, SC 29301
(864) 574-0234 Fax: (864) 574-4258

BELT INQUIRY SHEET

DATE _____ ATTN _____
FROM _____ COMPANY _____
ADDRESS _____
PHONE _____ FAX _____

CONVEYOR SIZE

RETRO-FIT

NEW

- | | | |
|--|-----------------------------|----------|
| 1. Frame Clearance
(Recommended 1" Each Side) | _____ In | _____ In |
| 2. Conveyor Length | _____ Ft | _____ Ft |
| 3. Width | _____ In | _____ In |
| 4. Belt Speed | _____ | _____ |
| 5. How Many Starts/Stops | _____ | _____ |
| 6. Hours of Operation | _____ | _____ |
| 7. Size of Sprockets (Pitch Dia.) | _____ In | _____ In |
| 8. Shaft Size | _____ In | _____ In |
| 9. Location of Drive | (Feed/Center/Discharge End) | |

Product Information

10. Type of Product _____
11. Side Loading _____
12. Product Loading _____ lbs/In. ft Spacing _____ In.
13. Sizes of Product Max _____ (LWH) Min _____ (LWH)
14. How is Product Packaged? _____
15. Product Accumulation No Yes
16. Temp. of Product Max _____ Min _____
17. Environmental Temp Max _____ Min _____
18. Belt Will Run Wet _____ Dry _____
19. Presence of Chemicals (Include Oils, Fats, Lubricants, Etc)
Describe Type and Concentration _____
20. Abrasive Conditions (Yes/No) _____ If Yes, Describe _____
21. Is Belt Exposed to Direct Sunlight? No Yes
22. Type of Wearstrip:
 UHMW PreLubed Smooth Steel Nylatron Other: _____
23. Is Conveyor Horizontal? No Yes And/Or/ Incline _____
If Incline, Give Elevation Change. (Length/Feet) _____
24. Are Flights (Cleats) Required? No Yes
If Yes, Give Height _____ Centers _____ Indent on Each Side of Belt _____
Gaps _____ If Gaps are required, include dimensions on sketch.
25. *Sketch of Conveyor Layout Must be Submitted*