



Customer Information

Company Name: _____	Tel: _____
Contact Name: _____	Fax: _____
Title: _____	E-mail: _____
Address: _____	Website: _____
_____	Industry: _____
Distributor: _____	Phone: _____
Distributor Contact: _____	E-Mail: _____

Product Information

Product: _____	Dimensions: _____
Desired Run Speed: _____	Leading Edge: _____

Testing Results

Feed Characteristics: _____

Feed Issues: _____


Setup Start Time: _____	Setup Stop Time: _____
Run Speed: _____	Run Length: _____
Stoppages: _____	Damaged Pieces: _____

Feeder Setup

Feeder Speed: _____	Support Curve: _____
Double On/Off: _____	Feed Belts: _____
Watch Dog Setting: _____	Stripper Wheel: _____
Autoloader Speed: _____	Delivery: _____

Application Sketch

Product Layout



Additional Information

Technician: _____ Date: _____

Signature: _____ Time: _____