

Company Name & Address 	Contact Details Contact Name _____ Customer Ref _____ Telephone _____ Email _____
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Telescopic Steel Cover Enquiry Form

1. **Application Information** (Please supply a sketch/ CAD or photos of the application)

New Cover Replacement Cover

Description of equipment to be covered:

Working Position:

Horizontal Vertical Cross Rail

2. **Operation Information**

Maximum Travel Speed: 0-15 M/MIN
 16-36 M/MIN
 37-60 M/MIN

Exposure: Metal Chips/ Swarf Wood Chips/ Shavings
 Light Particles/ Dust Other _____

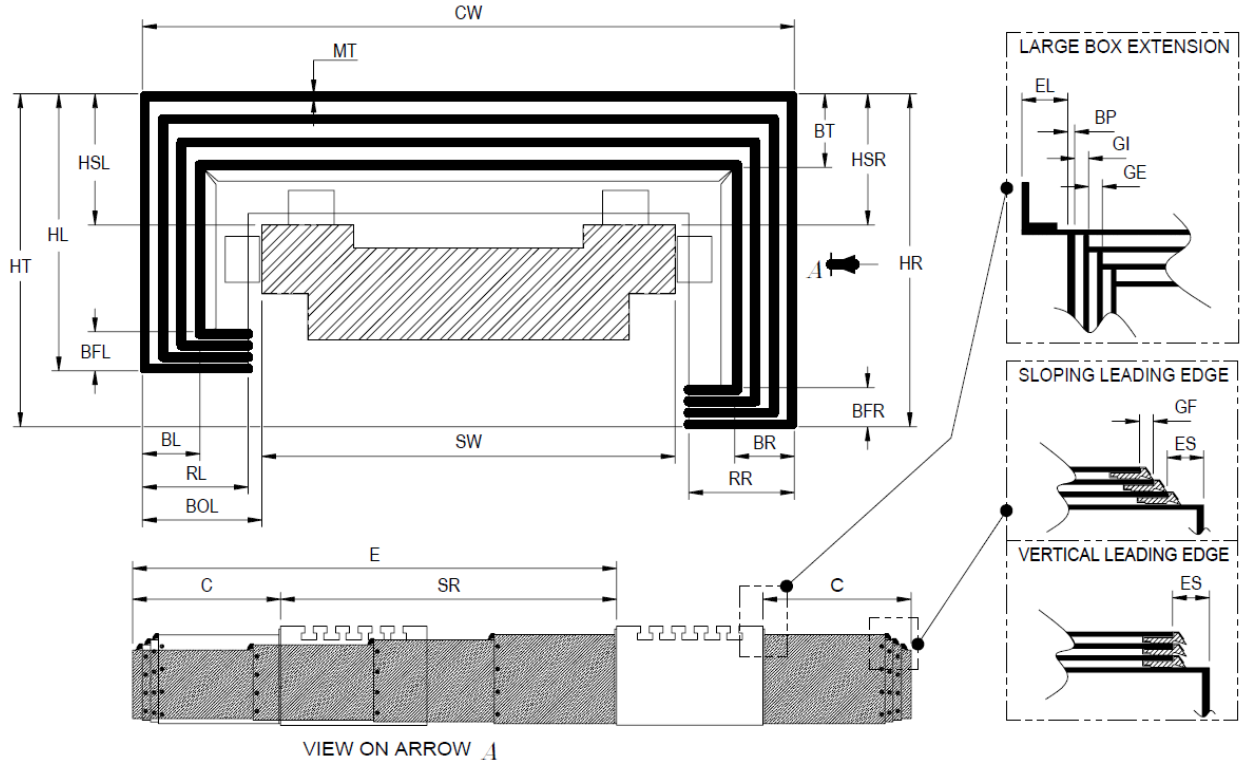
Type of Bearing / Roller: Bearing Roller Other _____

Type of Wiper: Exposed Shielded

Is 'Walk-On' capability required? No Yes Detail: _____

3. Dimensional Detail

Specify as many of the values as possible below:



Dimensional Details (all measurement to be in mm)								
HT	HL	HR	HSL	HSR	BFL	BFR	BT	
CW	BOL	SW	RL	RR	BL	BR	MT	
E	SR	C	EL	BP	GI	GE	GF	ES

Qty. of Boxes: 1 2 3 4 5 6 7 8 9 10

Material Type: Mild Steel Stainless Steel Other _____

4. Alternative Profile Dimensions

Profile:

1 2 3 4 5 6

A = _____

B = _____

C = _____

D = _____

Left Leg:

1 2 3

E-L = _____

F-L = _____

H-L = _____

J-L = _____

Right Leg:

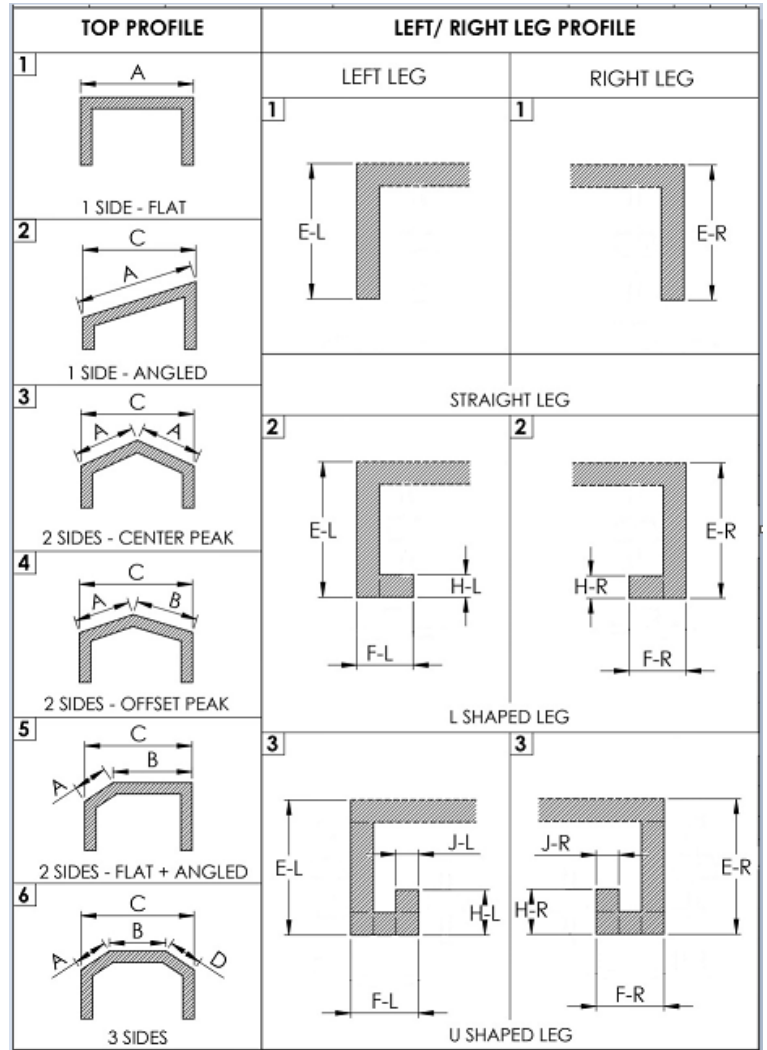
1 2 3

E-R = _____

F-R = _____

H-R = _____

J-R = _____



5. Further Requirements (please state)