





**GENERAL INFORMATION (cont.)**

Is a special enclosure required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	(Mark Choice)
If YES, please specify: _____		
Is a flashing beacon upon metal detection required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	(Mark Choice)
Is an audible alarm upon metal detection required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	(Mark Choice)
Desired control unit location (left/right) when viewed in belt movement direction.	<input type="checkbox"/> Right <input type="checkbox"/> Left	
Type of marker required?	<input type="checkbox"/> Flag Drop <input type="checkbox"/> Spray	(Mark Choice)
If a spray marker is required, is there Plant air available?	<input type="checkbox"/> Yes <input type="checkbox"/> No	(Mark Choice)
If YES, what pressure? _____		
Stringer Type? (See sketches on page 1)	<input type="checkbox"/> Garland <input type="checkbox"/> Conventional	(Mark Choice)
If it is a Garland stringer, please indicate idlers position	<input type="checkbox"/> Hanging Loose <input type="checkbox"/> Fixed	(Mark Choice)
Will the Client allow structural modification on stringer to fit metal detector?	<input type="checkbox"/> Yes <input type="checkbox"/> No	(Mark Choice)
Is welding permitted?	<input type="checkbox"/> Yes <input type="checkbox"/> No	(Mark Choice)
Is the Plant portable?	<input type="checkbox"/> Yes <input type="checkbox"/> No	(Mark Choice)
Is the Plant moved frequently?	<input type="checkbox"/> Yes <input type="checkbox"/> No	(Mark Choice)
If YES, how frequently is the Plant moved? _____ (e.g. Daily, Weekly, Monthly etc.)		
Search Coils (Antennas) location?	<input type="checkbox"/> Outdoors <input type="checkbox"/> Indoors	(Mark Choice)
Are Search Coils (Antennas) in an Explosive area?	<input type="checkbox"/> Yes <input type="checkbox"/> No	(Mark Choice)
If YES, please specify classification rating: _____		
Control Enclosure location?	<input type="checkbox"/> Outdoors <input type="checkbox"/> Indoors	(Mark Choice)
Is the Control Enclosure in an Explosive area?	<input type="checkbox"/> Yes <input type="checkbox"/> No	(Mark Choice)
If YES, please specify classification rating: _____		
Cable length required between search coils and control enclosure.	_____	(meter)
Is there lights close to the identified point of installation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	(Mark Choice)
If YES, how far? _____ (meter)		
Is there any other metal detector/s in the close vicinity?	<input type="checkbox"/> Yes <input type="checkbox"/> No	(Mark Choice)
If YES, how far? _____ (meter)		
Is there a gravity take-up close to the identified point of installation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	(Mark Choice)
If YES, how far? _____ (meter)		
Is there any skirtings fitted in or near metal detector installation point?	<input type="checkbox"/> Yes <input type="checkbox"/> No	(Mark Choice)
If YES, can the skirtings be removed or replaced with non-metallic versions.	<input type="checkbox"/> Yes <input type="checkbox"/> No	(Mark Choice)
Is there any return rolls in installation area?	<input type="checkbox"/> Yes <input type="checkbox"/> No	(Mark Choice)
If YES, can the return rolls be removed or moved outside the approach & retreat Idler area?	<input type="checkbox"/> Yes <input type="checkbox"/> No	(Mark Choice)
Is there canopies present on the conveyor? (Non-metallic canopies are allowed)	<input type="checkbox"/> Yes <input type="checkbox"/> No	(Mark Choice)
If YES, will canopies be removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	(Mark Choice)
Is there belt magnets on the conveyor?	<input type="checkbox"/> Yes <input type="checkbox"/> No	(Mark Choice)
If YES, what distance from metal detector? _____ (meter)		
Is there cable racks on the conveyor structure with electrical cables?	<input type="checkbox"/> Yes <input type="checkbox"/> No	(Mark Choice)
If YES, how far from metal detector? _____ (meter)		
Is there a separate cable rack on which the output signal cables from the metal detector electronics can be installed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	(Mark Choice)
Vibration severity on the conveyor structure:	<input type="checkbox"/> Light <input type="checkbox"/> Mild <input type="checkbox"/> Severe	(Mark Choice)
Is there a tripper car or any movable parts on the conveyor?	<input type="checkbox"/> Yes <input type="checkbox"/> No	(Mark Choice)
If YES, how far from metal detector? _____ (meter)		
Is there any repeater stations/central radio transmitters close to the conveyor?	<input type="checkbox"/> Yes <input type="checkbox"/> No	(Mark Choice)
If YES, how far? _____ (meter)		
Can drawings be made available of the conveyor structure (strongly recommended)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	(Mark Choice)



**SKETCH OF CONVEYOR**

*If it is a garland stringer please supply detailed drawing including support structures, and any other structures that will NOT be removable during metal detector installation or alternatively attach a drawing (ACAD .dwg or .pdf format) of the conveyor*  
**NOTE: It is ALWAYS preferable to have drawings of not only the conveyor, but especially the installation point, in order to include and to conclude metal detector design. Photo's of the exact installation point is also preferred.**

**OTHER SPECIAL REQUIREMENTS**

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**CONFIRMATION BY CLIENT OF TECHNICAL DETAILS AS SET OUT ABOVE (requirement of ISO 9000/9001)**

Print Name: \_\_\_\_\_ Designation: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CONFIRMATION BY PROCESS AUTOMATION REPRESENTATIVE OF TECHNICAL DETAILS AS SET OUT ABOVE (requirement of ISO 9000/9001)**

Print Name: \_\_\_\_\_ Designation: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE (PROCESS AUTOMATION)**

Model purchased: \_\_\_\_\_  
Spray marking purchased: \_\_\_\_\_  
Clip detector purchased: \_\_\_\_\_  
Additional requirements: \_\_\_\_\_  
\_\_\_\_\_

**FOR OFFICE USE (TECTRON)**

Comments: \_\_\_\_\_  
\_\_\_\_\_  
Suggestions: \_\_\_\_\_