

Indoff / TARE ZONE SCALE APPLICATION DATA SHEET

Customer Information:

Date: _____

Company: _____

Address: _____

City: _____

State: _____ Zip: _____

Contact: _____

Phone: _____

Fax: _____

Email: _____

Indoff Partner Information:

Date: _____

Address: _____

City: _____

State: _____ Zip: _____

Contact: _____

Phone: _____

Fax: _____

Email: _____

Product/Package Information:

Package Size: Minimum Maximum

Length _____

Width _____

Height _____

Weight _____

Package Shape () Box () Cylinder () Can

() Other Describe _____

Scale Requirements:

Pieces Per Hour: _____

Conveyor Speed

Up Stream _____

Gravity Fed _____

Size of Conveyor:

With BF _____

Height to Top of Rollers: _____

Current Infeed Method

() Powered Conveyor at _____ Ft/Min.

() Gravity Conveyor

() Other (Describe) _____

() Controlled at _____

() Random Average Spacing _____

Current Outfeed Method

() Controlled At _____

() Random Average Spacing _____

Height of Existing Conveying Surface From floor in Inches : Infeed _____ Outfeed _____

Space for scale, Infeed and Outfeed System: _____ Inches Long x _____ Inches Wide

Preferred Outfeed/Output Methods

() Judged Weight via RS232 Serial Port

() Sort into _____ Weight Ranges

() Scale to Accept In & Out of Tolerance Ranges

() Send to PC __Printer__ Controller __

() Sort into Low/Accept/High Ranges

Alarm ___ Lights ___ Other _____

Construction Information (Totally Enclosed Motors are Standard)

Electrical: 110 VAC WITH 20 AMP Circuit Motor: 24 VCD

Additional Comments: _____

Additional Comments: _____

Customer Signature

Date

Indoff Representative

Date