

Questionnaire for Thermic-Welded Covers

<p>Type of machine on which the COVERS are to be installed:</p> <input type="checkbox"/> METAL working machine <input type="checkbox"/> MARBLE working machine <input type="checkbox"/> GOLD working machine <input type="checkbox"/> PAPER working machine <input type="checkbox"/> FABRIC working machine <input type="checkbox"/> GLASS working machine <input type="checkbox"/> FOOD working machine <input type="checkbox"/> PHARMACEUTICAL working machine <input type="checkbox"/> AGRICULTURAL working machine <input type="checkbox"/> TANNING working machine <input type="checkbox"/> CLAY working machine <input type="checkbox"/> WOOD working machine <input type="checkbox"/> Other	<p>Type of material falling on the covers:</p> <input type="checkbox"/> Steel shavings <input type="checkbox"/> Cast iron shavings <input type="checkbox"/> Brass shavings <input type="checkbox"/> Aluminum shavings <input type="checkbox"/> Wood shavings <input type="checkbox"/> Ambient dust <input type="checkbox"/> Grinding swarf <input type="checkbox"/> Welding splatter <input type="checkbox"/> Other	<p>Amount of material falling on the covers:..... Kg Temperature of material falling on the covers:..... °C Temperature of work area:..... °C Max. rapid travel speed: m/min. Max. acceleration:..... g Max. working motions per hour: Max. daily working hours:</p>
<p>Type of cover: <input type="checkbox"/> Thermic-Welded <input type="checkbox"/> Thermic-Welded with fixed laminations <input type="checkbox"/> Thermic-Welded with flexible laminations</p> <p>Working position: <input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical <input type="checkbox"/> Frontal</p> <p>Cover shape: <input type="checkbox"/> UL-OS <input type="checkbox"/> UL-3S <input type="checkbox"/> TL-DXC <input type="checkbox"/> QL-CAP <input type="checkbox"/> UL-1S <input type="checkbox"/> DL-DXC <input type="checkbox"/> TL-DXI <input type="checkbox"/> QL-RETT <input type="checkbox"/> CL-SIM <input type="checkbox"/> UL-2ST <input type="checkbox"/> TL-SIM <input type="checkbox"/> QL-QUAD <input type="checkbox"/> QL-ASI <input type="checkbox"/> CL-ASI</p> <p>TEMAT Fabric material: <input type="checkbox"/> 106 <input type="checkbox"/> 015 <input type="checkbox"/> 151 <input type="checkbox"/> 164 <input type="checkbox"/> 165 <input type="checkbox"/> 169 <input type="checkbox"/> 017 <input type="checkbox"/> 020</p> <p>Stiffener material: <input type="checkbox"/> PVC 0,5 <input type="checkbox"/> PVC 1,0 <input type="checkbox"/> PVC 1,5</p> <p>Flange material: <input type="checkbox"/> AL 2,0 <input type="checkbox"/> AL 3,0 <input type="checkbox"/> AC 2,0 <input type="checkbox"/> AC 3,0 <input type="checkbox"/> AC 4,0 <input type="checkbox"/> PVC 2,0 <input type="checkbox"/> PVC 3,0</p> <p>Lamination material: <input type="checkbox"/> AL <input type="checkbox"/> STAINLESS</p> <p>Flange 1 connection system: <input type="checkbox"/> A <input type="checkbox"/> B1 <input type="checkbox"/> B2 <input type="checkbox"/> C <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> H <input type="checkbox"/> I</p> <p>Flange 2 connection system: <input type="checkbox"/> A <input type="checkbox"/> B1 <input type="checkbox"/> B2 <input type="checkbox"/> C <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> H <input type="checkbox"/> I</p>		

P.A.= Open length mm
P.C.= Closed lengthmm
Stroke=..... mm
a= Outside height..... mm
B= Outside widthmm
x= Fold height mm
adx= Outside height, rt.mm
asx= Outside height, lt.mm
d= Returnmm
ddx= RT. return.....mm
dsx= LT. return.....mm
asb= Overall drive dimensions mm
L= Lamination heightmm
Z= Overall lamination dimensionsmm

Company name.....
Phone:..... **E-mail:**.....
Quantity.....
Annual demand.....
Date.....
Notes.....

NOTE: The data fields and/or tables marked by **[!]** are the least ones to be filled in order to give you a quotation. Please send an e-mail to info@pei.eu or a fax to +39 051 6464840.

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