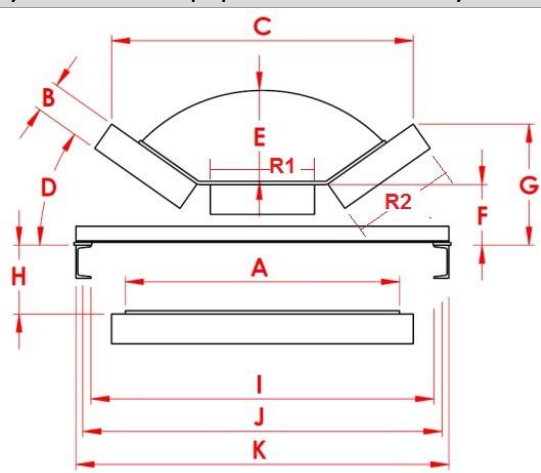


RTI SALES CHANNEL INFO			
RTI Sales Eng./Agency Name	1) Date/Version		
COMPANY DETAILS			
2) Company Name			
3) Site Name			
4) Site Location / Address			
5) Contact Name			
6) Email Address	7) Phone Number		
MATERIAL INFORMATION			
8) General description of the purpose for which the analyser will be used:			
9) Type of Ore: ROM (Run of Mine): <input type="checkbox"/> Crushed & sized: <input type="checkbox"/> Fines Product: <input type="checkbox"/> Course Product: <input type="checkbox"/> Other: <input type="checkbox"/>			
10) Conveyer Location (e.g. Plant Feed, Beneficiation, TLO, Rejects etc.)			
11) Multi-Seam Operation?	Yes: <input type="checkbox"/> No: <input type="checkbox"/> No of Seams being mined:		
12) Does Material Layering Occur at the analyser?	Yes: <input type="checkbox"/> No: <input type="checkbox"/> Describe Layering:		
Conveyor / Material Properties	Min (operating Min - not zero)	Nominal	Max
13) % Iron (Fe)			
14) % Aluminium (Al ₂ O ₃)			
15) % Silica (SiO ₂)			
Other Elements of Interest	Min (operating Min - not zero)	Nominal	Max
16) % Element/Oxide No:4			
17) % Element/Oxide No:5			
18) % Element/Oxide No:6			
19) % Element/Oxide No:7			
20) % Element/Oxide No:8			
21) % Element/Oxide No:9			
22) % LOI (Loss on Ignition)			
23) % Total Moisture			
24) Material Bulk Density			
25) Burden Depth (mm)			
26) Particle Size (mm)			
27) TPH (tonnes per hour)			
28) Is "Free" Moisture Required?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>		
POWER			
29) Supply Voltage available	240VAC: <input type="checkbox"/> 115VAC: <input type="checkbox"/> Other: <input type="checkbox"/> Specify Other Voltage:		
30) Supply Frequency	50Hz: <input type="checkbox"/> 60Hz: <input type="checkbox"/>		31) Is power regulated? Yes: <input type="checkbox"/> No: <input type="checkbox"/>
CONVEYOR DETAILS			
Please provide photographs and drawings of conveyor and indicate the proposed location of the Analyser			
32) Belt ID/Name			
33) Belt Speed (m/sec)			
34) Belt Width, Flat (A)			
35) Roller Diameter (B)			
36) Distance Across Roller Tips (C)			
37) Idler Trough Angle (D)			
38) Max Material Depth (E)			
39) Top of Centre Roller to Top of Stringer (F)			
40) Roller Tip to Top of Stringer (G)			
41) Distance, Return Belt to Top of Stringer (H)			
42) Inside – Inside of Stringer (I)			
43) Idler Hole Centres (J)			
44) Outside – Outside of Stringer (K)			

<p>45) Idler Pitch (L)</p> <p>46) Stringer to Nearest Existing Structure (M)</p> <p>47) Stringer Leg Pitch (N)</p> <p>48) Stringer Leg Width (O)</p> <p>49) Width of Idler Foot (P)</p> <p>50) Idler Foot Hole Centres (Q)</p> <p>51) Distance Across Roller Face (R) Roller 1: Roller 2:</p> <p>52) Type of Idler Frame</p> <p>53) Steel Cord Belt Yes: No: Specs:</p> <p>54) Stringer Type, Cross Section 1, 2, 3 or 4 1: 2: 3: 4: Other:</p> <p>54a) Specify Other:</p> <p>55) Desired location of control cabinet, When viewed in the direction of belt travel Left Side <input type="checkbox"/> Right Side <input type="checkbox"/></p> <p>56) Distance, corner of analyser side panel to proposed position of the control cabinet?</p> <p>57) Belt Weigher TPH output available? Yes: <input type="checkbox"/> No <input type="checkbox"/></p> <p>58) Belt Weigher location, relative to proposed analyser location; Upstream or Downstream? Up: Down: Distance: M</p> <p>59) Rollers per Idler Frame 3 Rollers: 5 Rollers: Other:</p> <p>60) Roller Trough Angles Angle 1: Angle 2:</p> <p>61) Can the conveyer structure support the analyser? (approximately 1500 kg over 1.9 m) Yes: <input type="checkbox"/> No: <input type="checkbox"/></p> <p>There are four (4) mounting points for the AllScan Analyser, one at each corner of the analyser. Two per conveyer beam, 1.9 metres apart. I.e. Approx. Point Loading of 380 Kg.</p>				
<p>62) Conveyor Support Frame Type Channel: <input type="checkbox"/> Truss: <input type="checkbox"/> Cable: <input type="checkbox"/> Slider Bed: <input type="checkbox"/> Other: <input type="checkbox"/></p>				
<p>63) Position of items that run alongside the conveyer stringers? e.g. water/gas pipe, cable tray, emergency pull cable, etc. Details of items & location:</p>				
SAMPLE COLLECTION				
<p>64) Is a mechanical Auto Sampler installed on this belt? Yes: <input type="checkbox"/> No: <input type="checkbox"/> (If "Yes" please answer questions below)</p>				
65) Type of Sampler	66) Location of Sampler	67) Distance from Analyser metres	68) Material Transition Time seconds	
69) Frequency of routine sampling:		70) Elapsed time between sampling & analysis		
71) Items & Conditions quantified in routine analysis:				
ENVIRONMENTAL CONDITIONS				
72) Minimum Temp at Analyser location	Degs C	73) Maximum Temp at Analyser Location	Degs C	
74) Analyser in Hazardous Zone?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	75) Hazardous Zone Classification:		
COMMUNICATIONS				
76) No: 3/4G wireless signal bars, at best signal on site		77) No: 3/4G wireless signal bars, at Analyser location		
78) Analyser to Plant Communication Type / Protocol		ModBus over TCP/IP:	Ethernet /IP: Serial ProfiBus DP: Other:	
78a) Specify Other Protocol:				
ADDITIONAL DETAILS REQUIRED FOR ANALYSER INSTALLATION				
79) Where is the analyser to be located?		Above Ground: <input type="checkbox"/>	Indoors: <input type="checkbox"/>	Covered belt & walkway: Yes: <input type="checkbox"/> No: <input type="checkbox"/>
		Below Ground: <input type="checkbox"/>	Outdoors: <input type="checkbox"/>	Belt Roofing only: Yes: <input type="checkbox"/> No: <input type="checkbox"/>
80) Are there any obstructions or metal structures beneath the analyser or between Stringers?		Yes: <input type="checkbox"/> No: <input type="checkbox"/> Describe Structure:		
81) Is the proposed analyser installation location accessible by crane for lifting components into place?		Yes: <input type="checkbox"/> No: <input type="checkbox"/>		
82) Will people have access beneath analyser location? If "Yes" how close to the bottom of the conveyer		Yes: <input type="checkbox"/> No: <input type="checkbox"/> Distance in metres:		
83) Are there any structures that need to be removed before the analyser can be installed?		Yes: <input type="checkbox"/> No: <input type="checkbox"/> Provide description:		

Application Data Sheet (ADS) For Elemental Analysis of Iron Ore

PLEASE COMPLETE ALL FIELDS. LINEAR DIMENSIONS ARE IN MM

Version – 20.09

84) Is the Belt a FRAS belt? (Fire Resistant, Anti-Static) If “Yes” please provide %chlorine (Cl) in belt material	Yes: <input type="checkbox"/> No: <input type="checkbox"/> If answering “Yes” to Chlorine content, specify the % Cl: % Chlorine										
85) Brand/type/model of plant control system	Details Please:										
ADDITIONAL ANALYSIS INFORMATION											
86) Elements required to be Analysed * In additional to the first 9 on page 1	<table border="1" style="width: 100%; border-collapse: collapse; height: 20px;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>										
86a) Provide Nominal % of Element in the conveyed material	<table border="1" style="width: 100%; border-collapse: collapse; height: 20px;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>										
* e.g. Sulphur (S) Iron (Fe) Calcium (Ca) Titanium (Ti) Aluminium (Al) Potassium (K) Silicon (Si)											
87) Additional Parameters required? Yes: <input type="checkbox"/> No: <input type="checkbox"/> Details of Additional Information Required.											
RADIATION INFORMATION											
88) Does site have a license for Cf-252 radiation source? (If yes please attach all relevant information)	Yes: <input type="checkbox"/> No: <input type="checkbox"/> Licence No:										
89) Does the company have an RSO (Radiation Safety Officer)? (Please attach all relevant information)	Yes: <input type="checkbox"/> No: <input type="checkbox"/> RSO Contact Details:										
90) Any other relevant information to the Specification or Quotation of the AllScan Analyser:											