

COMPANY DETAILS

1) Company Name	
2) Site Name	
3) Site Location / Address	
4) Contact Name	
5) Email	
6) Phone	
7) Date	

MATERIAL INFORMATION

8) General description of the purpose for which the analyser will be used:

9) Type of Ore/Product Conveyed: ROM (Run-of-Mine) Crushed and sized Washed Product Filter Fines

10) Conveyer Location (e.g. CHPP Feed, TLO etc.)

11) Multi-Seam Operation? Y N

	Min (operating - not zero)	Nominal	Max
12) % Primary Mineral			
13) Moisture %			
14) Burden Depth (mm)			
15) Particle Size (mm)			
16) TPH (tonnes per hour)			
17) % Secondary Mineral			
18) % Tertiary Mineral			

19) Moisture Analysis Required? Y N

19) Elemental Analysis Required? Y N (If yes please also complete page 2 of this datasheet)

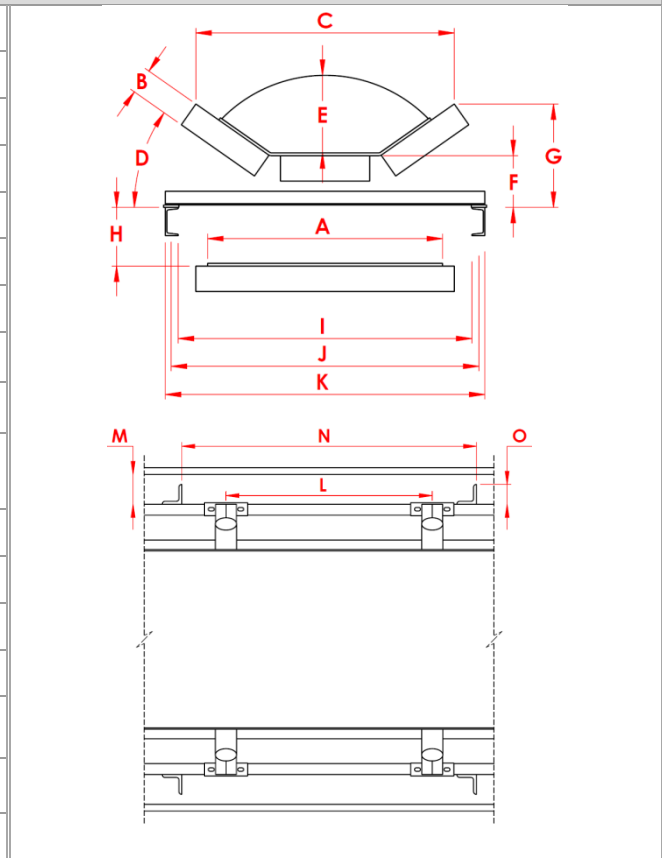
POWER

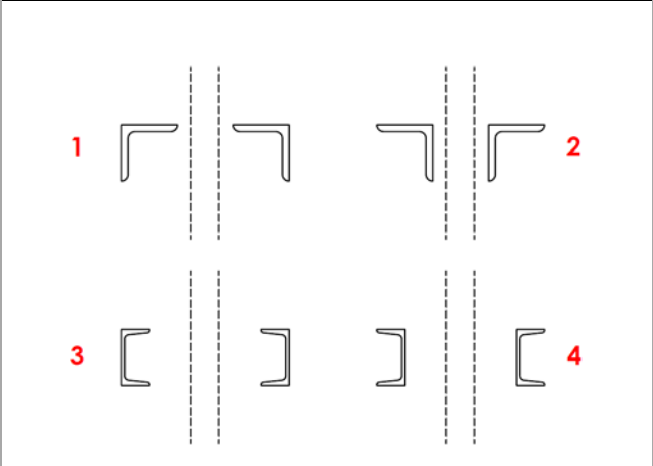
20) Supply Voltage available 240VAC 115VAC Other _____

21) Supply Frequency 50Hz 60Hz Is power regulated? Y N

CONVEYOR DETAILS Please provide photographs and drawings of conveyer and indicate the proposed location of the Analyser

22) Belt ID/Name	
23) Belt Speed (m/sec)	
24) Belt Width, Flat (A)	
25) Roller Diameter (B)	
26) Distance Across Roller Tips (C)	
27) Idler Trough Angle (D)	
28) Max Material Depth (E)	
29) Top of Centre Roller to Top of Stringer (F)	
30) Roller Tip to Top of Stringer (G)	
31) Distance between Return Belt & Top of Conveyor Stringer (H)	
32) Inside – Inside of Stringer (I)	
33) Idler Hole Centres (J)	
34) Outside / Outside of Stringer (K)	
35) Idler Pitch (L)	
36) Stringer to Nearest Existing Structure (M)	
37) Stringer Leg Pitch (N)	
38) Stringer Leg Width (O)	



39) Stringer Frame Type (1/2/3/4) Conveyor Support Beam / orientation			
40) Steel Cord Belt	<input type="checkbox"/> Y <input type="checkbox"/> N		
41) Desired location of control cabinet when viewed in direction of belt travel	Left Side <input type="checkbox"/> Right Side <input type="checkbox"/>		
42) Belt Weigher TPH available?	<input type="checkbox"/> Y <input type="checkbox"/> N		
43) Belt Weigher Location, relative to proposed analyser location			
44) Type of Idler Frame			
45) No: of Rollers per Idler Frame			
46) If at multiple trough Angles	>1 >2		
47) Can the current conveyer structure support the analyser (approximately 1500 kg over 1.9 m)	<input type="checkbox"/> Y <input type="checkbox"/> N		
48) Conveyor Support Frame Type <input type="checkbox"/> Channel <input type="checkbox"/> Truss <input type="checkbox"/> Cable <input type="checkbox"/> Slider Bed Other			There are four (4) mounting points for the AllScan, one at each corner of the analyser. Two per conveyor beam, 1.9 metres apart.
49) Analyser in Hazardous Zone? <input type="checkbox"/> Y <input type="checkbox"/> N	50) Hazardous Zone Classification		
51) Position of items that run alongside the conveyor stringers? e.g. water/gas pipe, cable tray, emergency pull cable, etc.			
52) Is a mechanical Auto Sampler installed on this belt? <input type="checkbox"/> Y <input type="checkbox"/> N (If "Y" please answer questions below)			
53) Type of Sampler	54) Location of Sampler	55) Distance from Analyser metres	56) Estimated time lag seconds
ADDITIONAL DETAILS REQUIRED FOR ELEMENTAL ANALYSER			
COMPLETE THIS SECTION ONLY IF YOU ANSWERED "YES" to QUESTION 19) "Elemental Analysis Required?"			
57) Where is the analyser to be located?	<input type="checkbox"/> Below Ground <input type="checkbox"/> Above Ground	<input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors	<input type="checkbox"/> Covered belt and walkway <input type="checkbox"/> Belt Roofing only
58) Are there any obstructions or metal structures beneath the analyser or between Stringers?	<input type="checkbox"/> Y <input type="checkbox"/> N Describe		
59) Is the proposed analyser location accessible by crane for installation?	<input type="checkbox"/> Y <input type="checkbox"/> N		
60) Will people have access beneath analyser location? If Yes how close to the bottom of the conveyer	<input type="checkbox"/> Y <input type="checkbox"/> N distance in m		
61) Is there any structure that needs to be removed for the analyser to be installed?	<input type="checkbox"/> Y <input type="checkbox"/> N		
62) Is the Belt a FRAS belt? (Fire Resistant, Anti-Static) If "Yes" please provide %chlorine (Cl) in belt material	<input type="checkbox"/> Y <input type="checkbox"/> N %Cl		
MATERIAL INFORMATION			
63) Elements required to be Analysed *			
Nominal % of Element in conveyed material			
* e.g. Sulphur (S) Iron (Fe) Calcium (Ca)	Titanium (Ti)	Aluminium (Al)	Potassium (K) Silicon (Si)
64) Additional Parameter's required	<input type="checkbox"/> SE (Specific Energy) <input type="checkbox"/> Volatiles		
RADIATION INFORMATION			
65) Does site have a license for Cf-252 radiation source? (If yes please attach all relevant information)	<input type="checkbox"/> Y <input type="checkbox"/> N		
66) Does the company have an RSO (Radiation Safety Officer)? (Please attach all relevant information)	<input type="checkbox"/> Y <input type="checkbox"/> N		
67) Any other relevant information to the Specification / Quotation of the AllScan Analyser:			