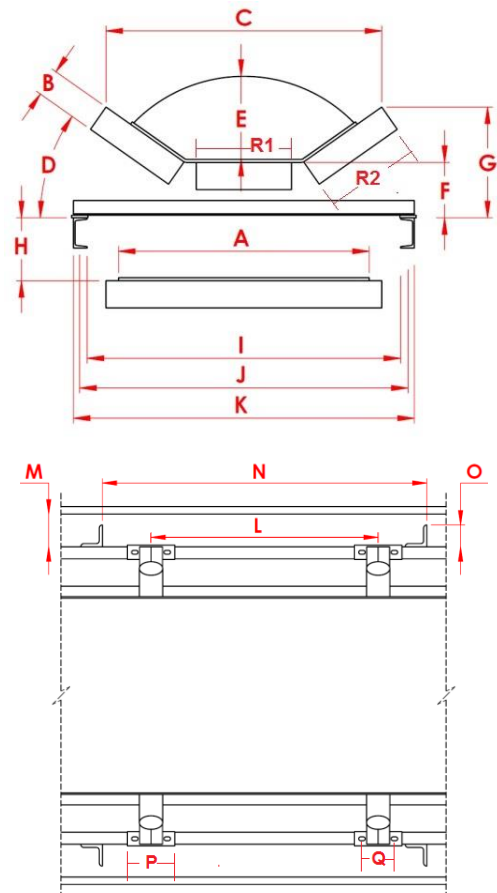
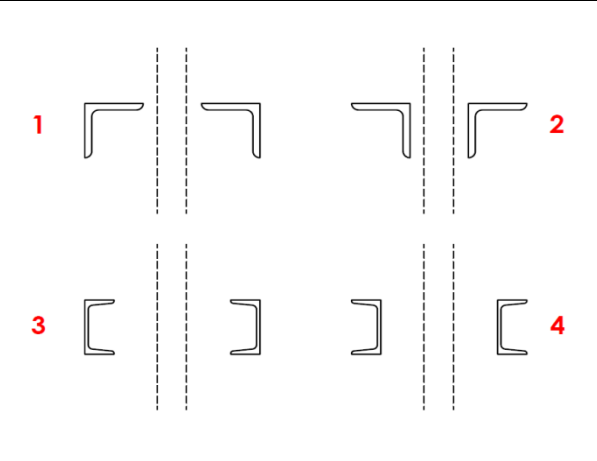


RTI SALES CHANNEL INFO							
RTI Sales Eng./Agency Name			1) Date/Version				
COMPANY DETAILS							
2) Company Name							
3) Site Name							
4) Site Location / Address							
5) Contact Name							
6) Email Address				7) Phone Number			
MATERIAL INFORMATION							
If ADS purpose is for QUOTATION ONLY, questions in bold type need only to be completed							
8) General description of the purpose for which the analyser will be used:							
9) Type of Coal Conveyed: <input type="checkbox"/> ROM (Run-of-Mine) <input type="checkbox"/> Crushed and sized <input type="checkbox"/> Washed Product <input type="checkbox"/> Filter Belt/Press Fines							
10) Conveyer Location (e.g. CHPP Product, Rejects, TLO etc.)							
11) Multi-Seam Operation?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	12) If Yes; Is the concentration of Iron & Calcium stable between the seams		Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	
Conveyor/Material Properties	Min (operational Min - not zero)	Nominal		Max			
13) Ash %							
14) Moisture %							
15) Burden Depth (mm)							
16) Particle Size (mm)							
17) TPH (tonnes per hour)							
18) % Fe (Iron) in Ash	Seam 1	Seam 2	Seam 1	Seam 2	Seam 1	Seam 2	
19) % Ca (Calcium) in Ash	Seam 1	Seam 2	Seam 1	Seam 2	Seam 1	Seam 2	
20) Moisture Analysis Required	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	IF YES, please request an ADS Form for an AshScan Duo, which includes moisture.				
POWER							
21) Supply Voltage available	<input type="checkbox"/> 240VAC <input type="checkbox"/> 115VAC <input type="checkbox"/> Other Specify Other:						
22) Supply Frequency	<input type="checkbox"/> 50Hz <input type="checkbox"/> 60Hz		23) Is power regulated? <input type="checkbox"/> Yes <input type="checkbox"/> No				
CONVEYOR DETAILS							
Please provide photographs and drawings of conveyer and indicate the proposed location of the Analyser							
24) Belt ID/Name							
25) Belt Speed (m/sec)							
26) Belt Width, Flat (A)							
27) Roller Diameter (B)							
28) Distance Across Roller Tips (C)							
29) Idler Trough Angle (D)							
30) Max Material Depth (E)							
31) Top of Centre Roller to Top of Stringer (F)							
32) Roller Tip to Top of Stringer (G)							
33) Distance; Return Belt to Top of Stringer (H)							
34) Inside – Inside of Stringer (I)							
35) Idler Hole Centres (J)							
36) Outside to Outside of Stringer (K)							
37) Idler Pitch (L)							
38) Stringer to Nearest Existing Structure (M) E.g. Cable tray, Water pipe, Guards, Pull wire etc.							
39) Stringer Leg or Support Pitch (N)							
40) Stringer Leg Width (O)							
41) Width of Idler mounting foot (P)							
42) Hole Centres of Idler Mounting Foot (Q)							
43) Distance across Face of Roller (R)	Roller 1:			Roller 2:			
44) Distance; Top of centre roller to floor of adjacent walkway							
45) If your answer to question 44 is greater than 1400mm, then it may be necessary to remotely locate the control cabinet so the HMI can be viewed from the walkway. Please contact your RTI representative.							



46) Stringer Beam Type (1/2/3/4) Support Beam		1: 2: 3: 4: Other:	
46a) Specify Other:			
47) Steel Cord Belt		Yes: <input type="checkbox"/> No: <input type="checkbox"/> Belt Spec:	
48) Which side of conveyor line will the Control Cabinet be on, when viewed in the direction of travel		Left Side <input type="checkbox"/> Right Side <input type="checkbox"/>	
49) Belt Weigher TPH available?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
50) Belt Weigher Location; relative to proposed analyser location		Upstream: Distance: _____ metres Downstream: _____ metres	
51) Type of Idler Frame			
52) No. of Rollers per Idler Frame		3 Rollers: <input type="checkbox"/> 5 Rollers: <input type="checkbox"/> Other No: _____	
53) Roller Trough Angles		>1 _____ >2 _____ Radius: _____	
54) Will analyser be exposed to any corrosive substances		Yes: <input type="checkbox"/> No: <input type="checkbox"/> , Specify Substance: _____	

There are four (4) fixing points for the AshScan, two per mounting foot. The AshScan will require two support beams to span between stringers.

55) Position of any item that runs alongside the conveyor stringers? E.g. water/gas pipe, cable tray, emergency pull cable, etc. Supply Details:			
56) Is a mechanical Auto Sampler installed on this belt?		Yes: <input type="checkbox"/> No: <input type="checkbox"/> (If "Y" please answer questions below)	
57) Type of Sampler	58) Location of Sampler	59) Distance from Analyser _____ metres	60) Estimated time lag _____ seconds

ENVIRONMENTAL CONDITIONS

61) Minimum Temp at Analyser location		Degs C	62) Maximum Temp at Analyser Location		Degs C
63) Is the Analyser in a Hazardous Zone? Yes: <input type="checkbox"/> No: <input type="checkbox"/>		64) Hazardous Zone Classification			
65) Is the proposed installation location accessible by crane for installation?		Yes: <input type="checkbox"/> No: <input type="checkbox"/> Describe Access: _____			

COMMUNICATIONS

66) No. 3/4G wireless signal bars, at best signal on site		67) No. 3/4G wireless signal bars, at Analyser location			
68) Analyser to Plant Communication Type / Protocol		ModBus over TCP/IP: Ethernet /IP: Serial ProfiBus DP: Other:			
68a) Specify Other Protocol:					

ADDITIONAL DETAILS REQUIRED

69) 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	
70) Are there any obstructions or metal structures beneath the analyser or between Stringers?		Yes: <input type="checkbox"/> No: <input type="checkbox"/> Describe Obstruction: _____			
71) 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: _____			
72) Brand/type/model of plant control system		Details Please: _____			

MATERIAL INFORMATION

73) Additional Parameter's required? Yes: <input type="checkbox"/> NO: <input type="checkbox"/>		SE (Specific Energy): <input type="checkbox"/> , Other: <input type="checkbox"/> , Specify: _____			
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RADIATION INFORMATION

74) Does site have a license for Cs ¹³⁷ & Am ²⁴¹ radiation sources?		Yes: <input type="checkbox"/> No: <input type="checkbox"/> (If Yes please attach all relevant information)			
75) Does the company have an RSO (Radiation Safety Officer)?		Yes: <input type="checkbox"/> No: <input type="checkbox"/> (Please attach all relevant information)			
76) Any other relevant information for the Specification / Quotation of the AshScan Analyser:					