

Issuer	Date	Inquiry	Order	Delivery date

Contact information

Company name / address _____ Contact person / telephone / mail _____

Equipment:

Equipment or installation to be lined:

- | | |
|---|---|
| <input type="checkbox"/> Partial lining | <input type="checkbox"/> Equipment already in operation |
| <input type="checkbox"/> Complete lining | <input type="checkbox"/> Drawing-no. enclosed |
| <input type="checkbox"/> New lining | <input type="checkbox"/> Still in planning stage |
| <input type="checkbox"/> Previously lined | <input type="checkbox"/> Indicate angle define in drawing |

- Manufacturer
- Material
- Thickness of material
- Fixing of material
- Service life
- Throughput total to

Remarks:

Purpose of the lining

- | | |
|--|---|
| <input type="checkbox"/> Protection of wear | <input type="checkbox"/> Noise reduction |
| <input type="checkbox"/> Protection of corrosion | <input type="checkbox"/> Other |
| <input type="checkbox"/> Protection from caking | |
| | |

Information about transported materials:

- | | |
|--|---|
| <input type="checkbox"/> Type of material | <input type="checkbox"/> Max. lump size |
| <input type="checkbox"/> Composition of material | <input type="checkbox"/> From <input type="checkbox"/> To |
| <input type="checkbox"/> Spec. weight | <input type="checkbox"/> Humidity |
| <input type="checkbox"/> Oil content | <input type="checkbox"/> Chemicals (especially acids) |
| <input type="checkbox"/> Constant temperature | <input type="checkbox"/> pH-value |
| <input type="checkbox"/> Max. temperature | <input type="checkbox"/> Period |

