	Engineering & Innovative Solutions	Questionnaire fo for Co	
	Company:	Name:	
	Address:	City:	
	Zip code:	Fax:	
	Telephone:	Project:	
	e-mail:		
-	<b>DATA ENTRY</b> Arm lenght		mm
-	Deposit Height		mm
-	Ceiling Height		
-	ATEX Classification Area		
-	Power supply		[] Electric [] Pneumatic
-	Rotation of Column (if required)		[ ] Manual [ ] Electric
	Rotation of drum/bin (if required)		[] Manual [] Electric
	PRODUCT SPECIFICATION	TO HANDLE	
	[] Drum [] Big	Bag []Bin	[] Other
-	Dimension		m
-	Weight		kg
-	Description of the working cycle:		
-	The Installattion must be: [ ] FIXED	[] MOBILE	
	Place attach an installation during		
	Please attach an installation drawi	g (Layout)	