



# Accumulating Conveyor Application Information

Submit Via Email: [engineering@machiii.com](mailto:engineering@machiii.com), Fax: 859-655-8362  
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**Please provide as much information as known and, if possible, submit a sketch of the drive system.**  
*For Engineering Assistance: US Toll Free 866-291-0849, Outside USA +1 859-291-0849*

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Title: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Company: \_\_\_\_\_ Email: \_\_\_\_\_

1. Unit is needed For:  New Machinery  Retrofit - to replace (Mfg., Model): \_\_\_\_\_  
 If Retrofit, why is current model being replaced? \_\_\_\_\_

2. Environmental Conditions - Check ALL that apply:

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> Indoor                    | <input type="checkbox"/> Indirect Wash-down        | <input type="checkbox"/> Clean Room           | <input type="checkbox"/> Marine              |
| <input type="checkbox"/> Outdoor – Totally Exposed | <input type="checkbox"/> Oil Contamination         | <input type="checkbox"/> Medical Mfg.         | <input type="checkbox"/> Sub Sea             |
| <input type="checkbox"/> Outdoor – Enclosed        | <input type="checkbox"/> Particulate Contamination | <input type="checkbox"/> Pharmaceutical Mfg.  | <input type="checkbox"/> Food Handling/Grade |
| <input type="checkbox"/> Direct Wash-down          | <input type="checkbox"/> Condensation              | <input type="checkbox"/> Explosive Substances |  |
| <input type="checkbox"/> Other: _____              |  |   |  |

3. Temperature Range of the destination environment: Minimum \_\_\_\_\_ ( °F / °C ) Maximum \_\_\_\_\_ ( °F / °C )

4. Clutch Mounting:

- End of Shaft . . . . Shaft Size \_\_\_\_\_ ( in / mm ) Keyway: Standard or Other: \_\_\_\_\_ ( in / mm )  
 Thru Shaft . . . . . Shaft Size \_\_\_\_\_ ( in / mm ) Keyway: Standard or Other: \_\_\_\_\_ ( in / mm )  
 NEMA or IEC Frame . . . . Size/Type \_\_\_\_\_

5. Orientation of the shaft on which the clutch will be mounted:  Horizontal  Vertical

6. Which will clutch drive when engaged (output)?  Sprocket(s)  Shaft

7. Is a low backlash drive required? \_\_\_\_\_ If yes, state the maximum tolerance \_\_\_\_\_ Degrees

8. Sprocket Requirements: (circle one) Single / Double - Chain Size \_\_\_\_\_ # of Teeth \_\_\_\_\_

9. Motor Specs: HP \_\_\_\_\_ RPM \_\_\_\_\_ If not electric, please specify type here: \_\_\_\_\_

10. RPM at Clutch: \_\_\_\_\_ RPM

11. Cycle Rate: \_\_\_\_\_ X Per Minute

12. Weight Per Zone: \_\_\_\_\_ ( lb / kg )

13. Line Speed (Velocity): \_\_\_\_\_ ( feet per minute / meters per second )

14. Roller Diameter: \_\_\_\_\_ ( in / mm )

15. Ratio Between Roller and Clutch: \_\_\_\_\_ (If applicable)

16. Acceleration Time: \_\_\_\_\_ seconds 17. Deceleration Time: \_\_\_\_\_ seconds

18. Conveyor Coefficient Of Friction: \_\_\_\_\_ (If unknown we will assume 10%)

19. Operating Air Pressure Restrictions (if any): Minimum \_\_\_\_\_ PSI Maximum \_\_\_\_\_ PSI

20. Space Restrictions: Maximum Length \_\_\_\_\_ ( in / mm ) Maximum OD \_\_\_\_\_ ( in / mm )