KINDER™
EXPERIENCE INNOVATION PRODUCTIVITY

Magnetic Wear and Repair

Name:.....

Company:.....

Phone:.....

Fax:.....

Email:.....

Surface Shape: Flat ☐

Round ☐ Ø:.....

Equipment Type: Chute ☐

Bin ☐

Pipe ☐

Other ☐

If "other", please provide more information:.....

.....

Temporary Fix: ☐

Permanent Fix: ☐

Material Handled:.....

Shape of Material:.....

Size of Material:.....

Is the Material Sharp: Yes ☐

No ☐

Application Type: Wet ☐

Dry ☐

Abrasion Type: Impact ☐

Sliding ☐

Abrasion Drop Height: (mm).....

Abrasion Angle: (degrees).....

Maximum Top Size % of Feed:.....

Maximum Temperature: (°C).....

Current Lining Material:.....

KDOC00032

ISO 9001 certified Equal Assurance
AS 4801 certified Equal Assurance
ISO 14001 certified Equal Assurance

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