

Magnetic Wear and Repair

Name:.....
 Company:.....
 Phone:.....
 Fax:.....
 Email:.....

Material Handled:.....

Shape of Material:.....

Size of Material:.....

Is the Material Sharp: Yes

No

Application Type: Wet

Dry

Abrasion Type: Impact

Sliding

Surface Shape: Flat

Round Ø:.....

Equipment Type: Chute

Bin

Pipe

Other

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

Temporary Fix:

Permanent Fix:

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

Abrasion Angle: (degrees).....

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

Maximum Temperature: (°C).....

Current Lining Material:.....

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