BOX GUARD DATA SHEET

COMPANY: _____

CONTACT PERSON: _____

LOCATION: _____

PHONE: _____ **EXT:** _____

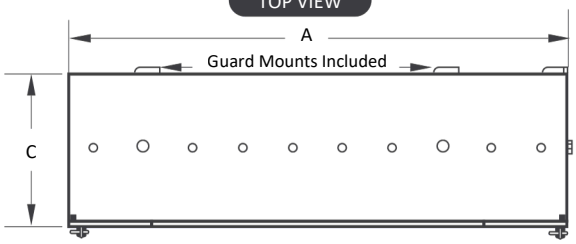
EMAIL: _____

EQUIPMENT #: _____

QUANTITY: _____

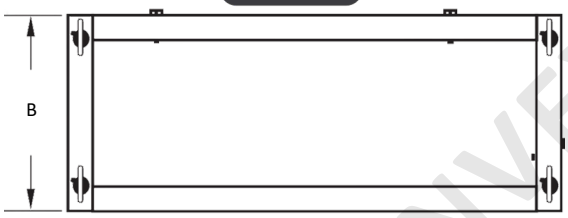
PLEASE SUBMIT PHOTOS WITH YOUR DATA SHEETS

TOP VIEW

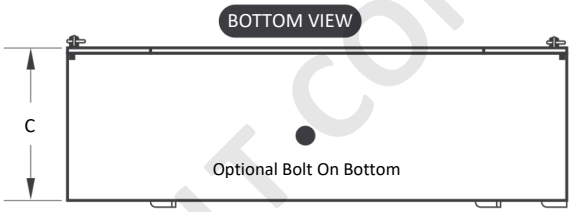


If there are obstructions, indicate sizes and locations.

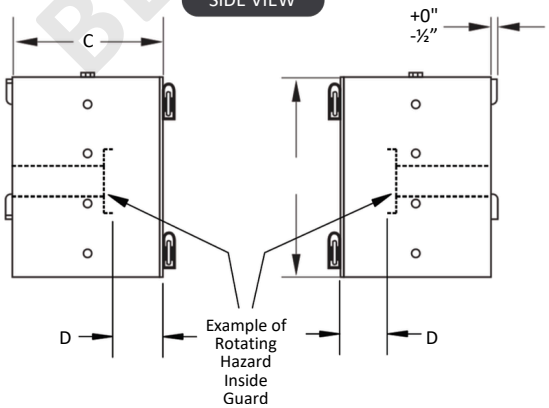
FRONT VIEW



BOTTOM VIEW



SIDE VIEW



INFORMATION REQUIRED

ITEM	PLEASE INDICATE
A - Width of Box Guard	
B - Height of Box Guard	
C - Depth of Box Guard	
D - Distance from Guard Face to Hazard	
Do you require a bottom?	◯ Yes ◯ *No
Do you require drainage slots in bottom?	◯ Yes ◯ No

GUARD COATING/MATERIAL

ITEM	PLEASE INDICATE
Color - Guard Body	◯ *Yellow ◯ Black ◯ Other ◯ Uncoated
Color - Guard Mesh	◯ *Yellow ◯ Black ◯ Other
Guard Material	◯ *Mild Steel ◯ Stainless ◯ Aluminum ◯ Brass
Guard Coating	◯ *Powder Coat ◯ 2-Stage Pwdr Coat
Stainless Steel Hardware	◯ Yes ◯ *No

Items marked with * are standard

SPECIAL REQUIREMENTS

AREA	PLEASE INDICATE
Over-Heating Concerns	◯ Yes ◯ No
Corrosive Area	◯ Yes ◯ No
Other (Attach additional notes)	◯ Yes ◯ No

ADDITIONAL NOTES / SKETCHES:

BELT CONVEYOR GUARDING