

The more we know about your requirements,
the more precise our solution can be.

Your contact data / contact partner

Name: _____ Phone: _____
Company: _____ Mobile: _____
Postal code, town: _____ Fax: _____
Street, No.: _____ E-mail: _____

Do you already have experience of Esband separator belts?

- No, please contact us
 Yes, we already had contact with your company on _____

Your machine data:

Type: _____
Year of construction: _____
Drum with cooling: no yes, temp. _____ °C
Tension distance: _____ mm
Pressure: _____ bar
Chain drive: no yes

Your processing requirements:

Meat type: _____
 Bones cartilage tendons feathers
Meat piece size: coarse medium fine
Perforated drum diameter start: _____ mm
Perforated drum diameter end: _____ mm

Your separator belt requirements:

Current belt type: _____
Belt length (original): _____ mm outside inside
Belt width (original): _____ mm
Belt thickness (original): _____ mm
Hardness, outer layer: 80 Shore A 90 Shore A
Surface: smooth X-profile W-profile
Edge: angled straight
Processing volume/belt: _____ t
Belt change after _____ days

Other comments: _____

Please send the completed questionnaire to:

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