



LE FOUR INDUSTRIEL BELGE S.A.-N.V.

QUESTIONNAIRE FOR OIL TEMPERING LINE

<i>Company Name</i>	
<i>Full address</i>	
<i>Contact name and position</i>	
<i>Telephone</i>	
<i>Telefax</i>	
<i>E-mail</i>	
WEBSITE	

1. ATMOSPHERIC DATA

Altitude	m
Ambient temperature	
• Minimum	°C
• Maximum	°C
Humidity	%

2. WORKING TIME

Working hours per day	
Working days per month	
Working days per year	

3. EQUIPMENT

DEGREASING /CLEANING	<input type="checkbox"/>
AUSTENITIZING FURNACE WITH MUFFLE TUBES	<input type="checkbox"/>
OIL QUENCHING	<input type="checkbox"/>
TEMPERING	With muffle tube <input type="checkbox"/> OR With lead bath <input type="checkbox"/>
COOLING	<input type="checkbox"/>

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rue des Trois Arbres 14 B-1180 BRUSSELS - BELGIUM

Tel. : +32.2.332.17.17 Fax : +32.2.376.37.11

E-mail : info@fib.be - Web site : www.fib.be

*We regret for this impersonal aspect of this questionnaire.
It will supply full particulars and will permit us to meet your requirements
as soon as possible.*

Thank you for filling-out this questionnaire.

4. AVAILABLE SPACE IN THE WORKSHOP

Length	m
Width	m
Height	m
Possible depth	m

5. WIRE SPECIFICATION

Wire quality (AISI code) or composition	AISI or DIN code	CrV %	SiCr %	SiCrV %
Wire diameter range	mm			
Reference diameter	mm			
Number of wire	If already known			
DV	If already known			
Wire pitch	If already known			

6. PRODUCTION

Requested production	<ul style="list-style-type: none"> • Kg per hour • T per month • T per year
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7. HEATING MODE

- GAS

Type of gas	
Natural gas	
Propane	%
Butane	%
Other (mixing Butane/Propane)	%
Low Calorific Value	kCal /Nm ³
Pressure	Kg/cm ²

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- ELECTRICITY

Voltage	
• Equipment	V
• Control equipment	V
Frequency	Hz
Presence of a neutral	(essential for electrical heating) YES <input type="checkbox"/> NO <input type="checkbox"/>
PLC (Programmable Logic Controller)	ALLENBRADLEY <input type="checkbox"/> SIEMENS S7 <input type="checkbox"/> NOADVISE <input type="checkbox"/>
Suitable material for tropical condition	YES <input type="checkbox"/> NO <input type="checkbox"/>
Necessary air conditioning	YES <input type="checkbox"/> NO <input type="checkbox"/>

8. PARTICULAR REQUIREMENTS

Specify here any request you could have concerning the proposal.

9. YOU MAKE THE INQUIRY FOR:

To make an investment plan/project	<input type="checkbox"/>
The investment is already approved	<input type="checkbox"/>
Experience with such equipments	YES <input type="checkbox"/> NO <input type="checkbox"/>
If yes / how many in operation	
Production capacity	T/year

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