



CONSTRUCTION & DEBRIS GRINDER QUESTIONNAIRE

Date: ___/___/___

Company: _____ Contact: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____)____-____ Fax: (____)____-____

Scrap Type: (indicate percentage of each)

___ WOOD	___ WIRE/CABLE	___ CERAMIC
___ DRYWALL	___ MASONRY	___ METAL FIXTURES
___ ASPHALT	___ PAPER/CARDBOARD	___ GLASS

RECEIVING (LOADING) METHOD (Indicate percentage of each)

___ BATCHES ___ FRONT END LOADER ___ CONVEYOR ___ ENTIRE ROLLOFFS

DIMENSIONS OF SCRAP (Max. dims. encountered in substantial amounts)

___ LENGTH ___ WIDTH ___ THICKNESS

VOLUME OF SCRAP

___ CUBIC YARDS PER WEEK OR ___ LBS./HR.

CHIP REQUIREMENTS

CHIP SIZE REQUIRED _____ USE OF OUTPUT _____

MISCELLANEOUS INFORMATION

VOLTAGE _____ MOISTURE CONTENT _____ SHIFTS/DAY _____