



ALLMEAT SOLUTIONS

ALLMEAT Solutions
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Mechanical Separator Request Form:

(Please fill out this form to the best of your ability and send back to us via email.)

Company Info:

Title / Name:			
Company Name:			
Phone:	Fax:	Email:	
Company Address:			
City:	State:	ZIP Code:	
Country:			

Mechanical Separator Requirements:

Type of Raw Material	<input type="checkbox"/> CHICKEN	<input type="checkbox"/> TURKEY	<input type="checkbox"/> PORK	<input type="checkbox"/> BEEF	<input type="checkbox"/> FISH
	<input type="checkbox"/> OTHER				

Input Material Description	
Capacity / Throughput	
Desired Processed Product	

Control System Requirement	<input type="checkbox"/> SEPARATOR	<input type="checkbox"/> FEED CONVEYOR	<input type="checkbox"/> MDM PUMP
	<input type="checkbox"/> AUTOMATIC HYDRAULIC RESTRICTION CONTROL		

Feed System Type	
MDM Handling Method	
Additional Requests or Comments	

* We will recommend a model and size of mechanical separator based on your selection and information given.