

*In addition to providing a basis for quotation, this questionnaire acts as a check list to ensure that all salient information is given. The questionnaire should be completed for each product to be fed.*

QUESTIONNAIRE FOR VOLUMETRIC AND GRAVIMETRIC FEEDING					
Enquiry Number:	Order Number:				
<b>Company:</b>					
<b>Contact:</b>					
Address:					
Telephone:	Fax:		Date:		
PRODUCT DETAILS					
<b>Product Name:</b>					
<b>Bulk Density:</b>	(kg/l)				
<b>Angle of Repose:</b>	(°)				
<b>Moisture Content:</b>	(in % of weight)				
<b>Particle Size:</b>	(µm)				
<b>Particle Shape:</b>	POWDER	PELLETS	GRANULES	FLAKES	FIBRES
<b>Flow Properties:</b>		FREE-FLOWING	EASY-FLOWING	MEDIUM-FLOWING	POOR-FLOWING
<b>Product Temperature:</b>	(°C)				
<b>Ambient Temperature:</b>	(°C)				
<b>Viscosity (for liquids):</b>	(m Pas)				
<b>Operating Pressure:</b>	(Bar g)				
<b>Dust Explosion Class:</b>					
<b>Toxic?</b>			YES	NO	
<b>Kst Value:</b>					
<b>Hazard Sheets Enclosed:</b>			YES	NO	
<b>Product Sample:</b>	ATTACHED	WILL BE SENT		NOT AVAILABLE	
<b>Test Required?</b>			YES	NO	

*Important: Product samples or test material must be accompanied by completed data sheets.*

PROCESS DETAILS		
Metering:	VOLUMETRIC	GRAVIMETRIC
CONTINUOUS FEEDING		
Minimum Feed Rate:	(l/h)	(kg/h)
Maximum Feed Rate:	(l/h)	(kg/h)
Average Process Feed Rate:	(l/h)	(kg/h)
BATCH FEEDING		
Minimum Batch:	(l)	(kg)
Minimum Batch Time:	(min)	(min)
Maximum Batch:	(l)	(kg)
Maximum Batch Time:	(min)	(min)
Number of Batches per Hour:		
FEEDER SPECIFICATION		
How is the material loaded into the feeder?		
What is the size of the storage hopper?		
Is the hopper to be quoted?	YES	NO
Quality of product contact parts:		
Internal surface treatment:		
External surface treatment:		
Motor Voltage:		
Enclosure:	IP	
Special Protection:		

SYSTEM REQUIREMENTS		
Plant Operating House:		
Location:	INSIDE	OUTSIDE
If outside, are weatherproof motors required?	YES	NO
Exact location of machine:		
Storage capacity required:		
Is refill device existing?	YES	NO
If yes, what type?		
If no, is a refill device to be included in our quotation?	YES	NO
Is shut off valve after refill device existing?	YES	NO
If yes, what type?		
If no, is a shut off valve to be included in our quotation?	YES	NO
What is the product being fed into?		
Is this pressurised/under vacuum?	YES	NO
If yes:	(mm Wg)	(Bar g)
Is harmful vapour of humidity present?	YES	NO
If yes, give details:		
Is there a danger of explosion?	YES	NO
If yes, give details:		

*Please add any other information that you may feel is pertinent and attach a layout sketch (or flow diagram) if possible.*

