

REQUIRED FEEDER INFORMATION

CUSTOMER _____ Phone Number _____

Address _____

Personnel attending _____
(if applicable) _____

TYPE OF TEST REQUIRED

(check where applicable)

Volumetric

Batch

Hoppering

Gravimetric

Blend

Will witness test

Will not witness test

TEST PARAMETERS

(For additional material data sheets, see attached.)

Material _____ Bulk density _____ (lbs./cu. ft.)

Material temperature _____ Percent moisture _____

Additional information _____

FEED RATE: Minimum _____ Nominal _____ Maximum _____

Sampling interval desired _____ Accuracy required (\pm % error) _____

Special requirements (heat tracing, special handling, etc.) _____

Comments/additional information _____

(over)

APPLICATION REQUIREMENTS

Desired hopper capacity _____ (cu. ft.) Desired refill hopper capacity _____ (cu. ft.)

Feeder loaded by (pneumatic system, screw conveyor, etc.) _____

Refill bin loaded by _____

Feeder discharges into (blender, extruder, etc.) _____

Special design requirements (pressure, temperature, etc.) _____

Comments/Additional Information _____

ALL TEST MATERIAL MUST BE RETURNED (Freight Collect)

RETURN TO: _____

Attention: _____