FLOW-AID
Application Data Sheet
1 of 2

WORKMASTER
WE FIND A WAY — OR MAKE ONE!

PRINT SUBMIT

I. CUSTOMER INFORMATION

Company: _____ Date: _____

Contact: _____ Ph: _____

Title: _____ Ext: _____

Address: _____ E-m: _____

City, St, Zip: _____ Fax: _____

II. DESCRIPTION OF MATERIAL AND TYPE OF PROBLEM

1. Material (Trade/Scientific): _____ Weight: _____ Lbs-Cu Ft

2. Characteristics

☐ Very Fine ☐ Fine ☐ Granular/Coarse ☐ Stringy

☐ Sticky ☐ Absorbs Moisture ☐ Corrosive ☐ Explosive

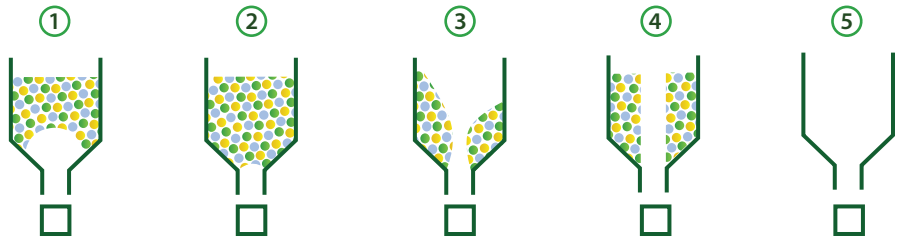
☐ Free Flowing ☐ Average Flowing ☐ Sluggish

3. Compaction Level: ☐ Soft (shovel) ☐ Medium (pick) ☐ Hard (jackhammer)

4. Range of Particle Size: Min: _____ " or _____ Mesh % Max: _____ " or _____ Mesh %

5. Material Temp: _____ °F 6. Moisture Content: ☐ Dry ☐ Wet Moisture: _____ %

"☑" Type of problem; If other, indicate on ⑤



ARCHING BRIDGING CLINGING PIPING (SKETCH) _____

8. Material Presently Built-Up? ☐ Yes ☐ No 9. Thickness of Material Build-Up: _____ " or _____ '

10. Measure of Material Build-Up: _____ lbs (approx) 11. Build-Up has Existed: _____ months or _____ years

III. DESCRIPTION OF VESSEL

1. Vessel Material: ☐ Steel ☐ Stainless ☐ Concrete ☐ Wood 2. Capacity: _____ Tons or _____ CuFt

3. Wall Thickness: _____" 4. Vessel in Use: ☐ Yes ☐ No 5. Vessel Lined: ☐ Yes ☐ No

6. Lining Material: _____ 7. Lining Thickness: _____" 8. Vibrating Bottom: ☐ Yes ☐ No

FLOW-AID
Application Data Sheet
2 of 2

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III. DESCRIPTION OF VESSEL

9. Vessel Filled By:

☐ Conveyor ☐ Bucket ☐ Feeder
☐ Other: _____

10. And Discharged Onto:

☐ Conveyor ☐ Truck ☐ Feeder
☐ Other: _____

11. Required Flow: ☐ Continuous ☐ Intermittent **12. Rate:** _____ TPH or _____

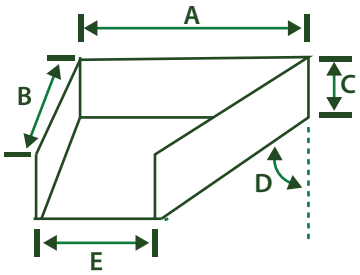
13. Current Solution: ☐ Hammer ☐ Poke ☐ Vibrate Using (make/type): _____

14. Frequency and duration Current Solution used in 24-hours: _____

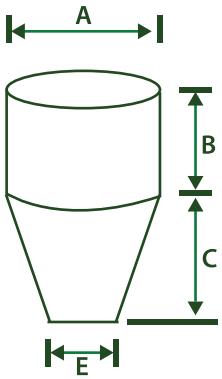
15. Effect of Current Solution: ☐ None ☐ Insufficient ☐ Other: _____

"☑" Vessel Design; Provide Dimensions of "☑" Vessel (or Supply Dwg)

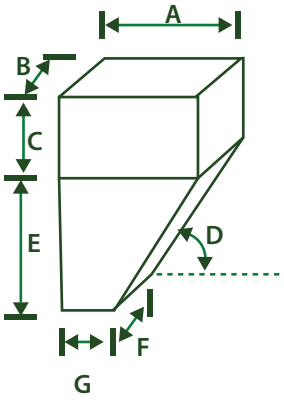
☐ **Chute**



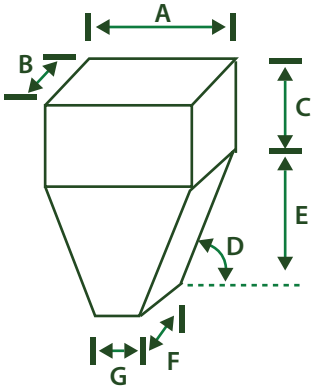
☐ **Cone**



☐ **Wedge**



☐ **Pyramid**



A _____
B _____
C _____
D _____
E _____
F _____
G _____

16. Chute Mount:

☐ Rigid ☐ Isolated

17. Notes: _____

_____

_____

IV. POWER / CONTROL AVAILABILITY

1. Power Preference: ☐ Air ☐ Electric

2. Air Supply: _____ PSI _____ CFM **3. Pipe Dia:** _____ " **4. Filtered Air:** ☐ Yes ☐ No

5. Electric Supply: _____ V / Ph / Hz **6. Explosion Proof Equipment Needed:** ☐ Yes ☐ No

7. Method of Control: ☐ Timer ☐ VFD ☐ Solenoid ☐ Manual

8. Type of Cycle Used: ☐ Manual ☐ Timed Interval ☐ PLC ☐ Auto During Discharge ☐ Auto Under No-Flow

Comments: _____

_____

_____