FINE GRIND QUESTIONNAIRE

Supplying the following information will help us to ascertain and quote the best suited model of FINE GRIND and tooling for your application.

CUSTOMER INFORMATION:

COMPANY: _____
ADDRESS: _____
CONTACT: _____
PHONE: _____ FAX: _____

INDUSTRY: O Pharmaceutical O Fine Chemical O Cosmetic
O Personal Care O Food
O Other: _____

APPLICATION:

PRODUCT: _____

O BATCH (Batch Time: _____) or O CONTINUOUS
O Raw Material O In-Process Material ¡ Finished

CHARACTERISTICS: O Friable O Hard O Soft O Sticky O Dusty
O Corrosive O Frozen O Heat Sensitive O Abrasive O Oily
O Explosive O Wet O Special Characteristics: _____
MOHS Hardness: _____ Angle of Repose: _____

MOISTURE CONTENT: _____ %

MAX. ALLOWABLE PRODUCT TEMPERATURE : _____ ¡EF ¡EC

FLOWABILITY: O Good O Average O Poor

BEFORE FINE GRIND: Bulk Density: _____ ¡ lb/ft; ¡ g/cc
Particle Size: D_{90} (90% Below): _____ (Microns)
D_{50} (Average) : _____ (Microns)
D_{10} (10% Below): _____ (Microns)

AFTER FINE GRIND: Bulk Density: _____ ¡ lb/ft; ¡ g/cc
Particle Size: D_{90} (90% Below): _____ (Microns)
D_{50} (Average) : _____ (Microns)
D_{10} (10% Below): _____ (Microns)
Other Particle Size Distribution: _____

CAPACITY REQUIRED:_____ O lb/hr O kg/hr

NOTE: Product testing is always strongly recommended. Please contact Quadro or your local Representative for further details.

EQUIPMENT REQUIREMENTS: (Standard is **bold**)

MATERIAL *CONTACT* PARTS CONSTRUCTED OF: O 304 O 304L O **316** O 316L
NON-CONTACT PARTS CONSTRUCTED OF: O **304** O 304L O 316 O 316L

MATERIAL *CONTACT* SURFACES POLISHED TO: O **150 Grit** (Ra 1.06 Φm) O 220 Grit (Ra 0.48 Φm)
O 220 Grit + Electropolish
O Mirror Polish (Ra 0.10 Φm) ĺ Other:_____

NON-CONTACT SURFACES POLISHED TO: O **150 Grit** (Ra 1.06 Φm) O 220 Grit (Ra 0.48 Φm)
O Bead Blast O Other:_____

PRODUCT COLLECTOR
DISCHARGE EQUIPPED WITH: O Rotary Valve
If so, provided by: ĺ Others (size:_____) ĺ in ĺ mm
ĺ Quadro (size:_____) ĺ in ĺ mm
O Container
If so, provided by: ĺ Others (size:_____) ĺ in ĺ mm
ĺ Quadro (size:_____) ĺ in ĺ mm

POWER REQUIREMENTS:

ELECTRICAL SUPPLY: Volts:_____ Phase:_____ Hertz:_____
AREA CLASSIFICATION: O Hazardous O Non-Hazardous IP Rating:_____

If Hazardous: (check one)
O Ex II 2G (Zone 1) = Category 2 (high level of protection) G = (gasses)
O EX II 3G (Zone 2) = Category 3 (normal level of protection) G = (gasses)
O EX II 2D (Zone 21) = Category 2 (high level of protection) D = (dusts)
O EX II 3D (Zone 22) = Category 3 (normal level of protection) G= (gasses)
O Class I, Div. 1, Groups C&D (gas/vapor) + Class II, Div. 1, Groups F&G (dust)
O Class II, Div. 2, Group F&G (dust)

A sketch of your process is very useful for our evaluation. Please provide a process sketch and/or indicate additional requirements on a separate sheet.

THANK YOU FOR YOUR INTEREST IN QUADRO –
WE WILL SUBMIT A DETAILED PROPOSAL SOON!