

CUSTOMER \_\_\_\_\_

ADDRESS \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_ REF. NO. \_\_\_\_\_

**I. MATERIAL CHARACTERISTICS**

A. Name of feed material: \_\_\_\_\_

B. Feed rate: \_\_\_\_\_ Lbs./Hr. (or) \_\_\_\_\_ GPM

C. Temperature of feed: \_\_\_\_\_ °F.

D. Bulk Density (loosely packed): \_\_\_\_\_ Lbs./Cu. Ft.

E. Free moisture \_\_\_\_\_ % Combined moisture (if any) \_\_\_\_\_ %

F. Is the feed material:

- |                    |                              |                             |                      |                              |                             |
|--------------------|------------------------------|-----------------------------|----------------------|------------------------------|-----------------------------|
| Abrasive? .....    | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Free Flowing? .....  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Hygroscopic? ..... | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Corrosive? .....     | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Sticky? .....      | Yes <input type="checkbox"/> | No <input type="checkbox"/> | (If "Yes", pH _____) |                              |                             |

G. Is static a problem in handling the material? Yes  No

H. Particle Description:

- |                 |                          |             |                          |                   |                          |
|-----------------|--------------------------|-------------|--------------------------|-------------------|--------------------------|
| Spherical ..... | <input type="checkbox"/> | Flaky ..... | <input type="checkbox"/> | Crystalline ..... | <input type="checkbox"/> |
| Granular .....  | <input type="checkbox"/> | Fiber ..... | <input type="checkbox"/> | Elongated .....   | <input type="checkbox"/> |
| Other _____     |                          |             |                          |                   |                          |

**II. OPERATING INFORMATION**

A. Is the operation? Continuous  Intermittent

B. Type operation: Scalp  Fines Removal  Sizing  Other \_\_\_\_\_

C. How will the screener(s) be fed? \_\_\_\_\_

D. Screen analysis: Tyler  U.S. Std.  Other \_\_\_\_\_

FEED MATERIAL		SCREENED PRODUCT SPECIFICATIONS (IF APPLICABLE)									
		TAILINGS		TOP INTERMEDIATE		MIDDLE		BOTTOM INTERMEDIATE		FINES	
MESH	% RETAINED ON	MESH	% RETAINED ON	MESH	% RETAINED ON	MESH	% RETAINED ON	MESH	% RETAINED ON	MESH	% RETAINED ON

**III. MACHINE REQUIREMENTS**

A. Base Mounted  Cable Suspended  Other \_\_\_\_\_

B. Electrical characteristics \_\_\_\_\_ Volts \_\_\_\_\_ Phase \_\_\_\_\_ Cycle

