

## EQUIPMENT APPLICATION WORKSHEET

### SITE CONDITIONS

LOCATION		
ELEVATION		
AMBIENT TEMPERATURE	°F (MIN)	°F (MAX)
RELATIVE HUMIDITY	%	

### APPLICATION CONDITIONS AND PARAMETERS

EQUIPMENT USE	<input type="checkbox"/> DUST COLLECTOR <input type="checkbox"/> BIN VENT <input type="checkbox"/> CYCLONE <input type="checkbox"/> PRODUCT CONVEYING (DILUTE) <input type="checkbox"/> PNEUMATIC CONVEYING (DENSE)		
EQUIPMENT PROCESS USED ON			
EQUIPMENT LOCATION	<input type="checkbox"/> INDOORS <input type="checkbox"/> OUTDOORS		
DUST/PARTICULATE IDENTIFICATION			
BULK DENSITY			
% MOISTURE	%		
DUST/PRODUCT LOADING	GR/ACF	LBS/HR	
PARTICLE SIZE (MEAN)	MICRONS		
DUST/PRODUCT CHARACTERISTICS	<input type="checkbox"/> STICKY <input type="checkbox"/> HYGROSCOPIC <input type="checkbox"/> DRY <input type="checkbox"/> FLUFFY <input type="checkbox"/> COARSE <input type="checkbox"/> ABRASIVE <input type="checkbox"/> CORROSIVE <input type="checkbox"/> OTHER		
EXPLOSIVE	K <sub>ST</sub> (BAR-M/S)	P <sub>MAX</sub> (BAR)	
AIR VOLUME	ACFM	SCFM	
OPERATING TEMPERATURE	°F (NORMAL)	°F (MAXIMUM)	
EQUIPMENT PRESSURE DESIGN	IN W.C. PSI(g)		
EQUIPMENT VACUUM DESIGN	IN W.C. IN Hg		

### EQUIPMENT SPECIFICATIONS

MATERIALS OF CONSTRUCTION	<input type="checkbox"/> MILD STEEL <input type="checkbox"/> STAINLESS STEEL <input type="checkbox"/> 304 <input type="checkbox"/> 316 <input type="checkbox"/> PRODUCT CONTACT <input type="checkbox"/> GAS CONTACT		
SOLENOID/TIMER BOX ENCLOSURES	<input type="checkbox"/> NEMA 4 <input type="checkbox"/> 4X (FG) <input type="checkbox"/> 4X (STAINLESS) <input type="checkbox"/> 7 <input type="checkbox"/> 9		
SUPPORT STRUCTURE	<input type="checkbox"/> YES <input type="checkbox"/> NO	CLEARANCE UNDER DISCHARGE FLANGE	
SERVICE PLATFORM & ACCESS LADDER	<input type="checkbox"/> YES <input type="checkbox"/> NO		

EXHAUST FAN	<input type="checkbox"/> YES <input type="checkbox"/> NO	STATIC PRESSURE TO INLET	IN W.C.
SLIDE GATE & DRUM COVER	<input type="checkbox"/> YES <input type="checkbox"/> NO		
ROTARY AIRLOCK	<input type="checkbox"/> YES <input type="checkbox"/> NO		
SCREW CONVEYOR	<input type="checkbox"/> YES <input type="checkbox"/> NO		
HIGH LEVEL INDICATOR	<input type="checkbox"/> YES <input type="checkbox"/> NO		
PHOTOHELIC PULSE ON DEMAND	<input type="checkbox"/> YES <input type="checkbox"/> NO		

THIS FORM IS INTENDED TO ANSWER COMMON QUESTIONS THAT ARE ASKED IN ORDER TO PRODUCE A QUOTATION. FILL IN THIS FORM THE BEST THAT YOU CAN. IT IS NOT NECESSARY TO HAVE EVERYTHING FILLED IN COMPLETE.