AIRMATIC® WE'LL HANDLE IT.

FLOW-AID
APPLICATION DATA SHEET
Vibrator Specialists Since 1944

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

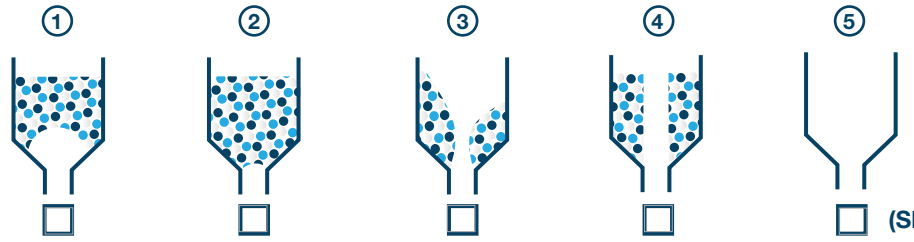
☐ Free Flowing ☐ Average Flowing ☐ Sluggish

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** _____ Cu Ft

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

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III. DESCRIPTION OF VESSEL

9. Vessel Filled By:
☐ Conveyor ☐ Bucket ☐ Feeder
☐ Other: _____

10. Discharged Onto:
☐ Conveyor ☐ Truck ☐ Feeder
☐ Other: _____

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

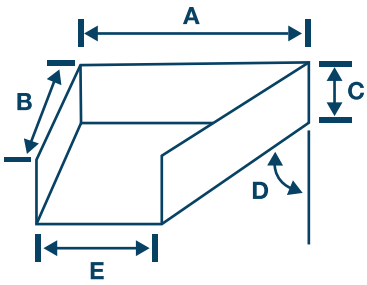
13. Current Solution: ☐ Hammer ☐ Poke ☐ Vibrate Using (make/type): _____

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

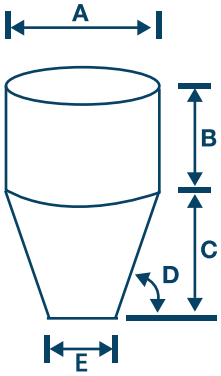
15. Effect of Current Solution: ☐ None ☐ Insufficient ☐ Other: _____

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

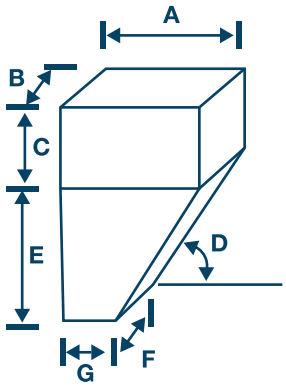
☐ **CHUTE**



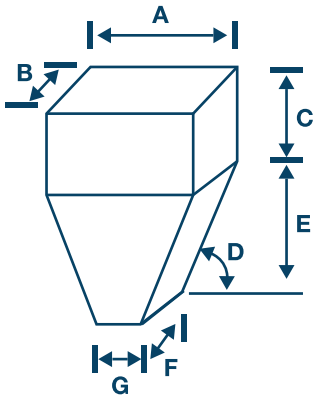
☐ **CONE**



☐ **WEDGE**



☐ **PYRAMID**



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

16. Chute Mount:
☐ Rigid ☐ Isolated

Notes: _____

III. 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: _____
_____

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