

Date _____

Company Name: _____ Your Name: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone Number: _____ Fax Number: _____ E-mail: _____
 Your local BPS Representative (if known): _____

1. OPERATION:

Type of container (steel drum, carton, etc.): _____
 Gross weight to be vibrated: _____ lbs.
 Net weight to be vibrated: _____ lbs.
 Approximate percentage increase in density required: _____ %
 Density before: _____ Density after: _____
 Amplitude required: _____ Frequency required: _____
 Unusual operating conditions (high temp. zone, dirty atmosphere, explosive proof.)
 Specify: _____
 Duty Cycle: Continuous _____ hrs. Intermittent: On Time _____ Off Time _____

2. PRODUCT:

Material to be handled: _____
 Test samples being furnished? (1 cu. ft. req'd - send prepaid): Yes No Return Destroy
 Weight per cu. ft.: _____ lbs. Angle of Repose: _____
 Material Characteristics: Dry Flaky Abrasive Granular Corrosive Wet
 Sticky Powdery Hygroscopic Explosive Toxic Fluffy
 Other (specify) _____
 Particle Size: Max _____ Min _____ Moisture Content _____ % Material temperature _____ °F
 Other Comments: _____

3. CONSTRUCTION:

Materials of Construction: Mild Steel 304 Stainless 316 Stainless Other _____
 Frame Paint Finish (specify): _____
 Deck size requirements, if any: Width _____ X Length: _____ X Height: _____
 Minimum height required: Yes _____" No
 Isolation medium preferred: Coil springs Air mounts
 Type of vibration deck: Flat Other _____
 Roller deck desired: Yes No Gravity Powered
 Special construction features required: (explosive proof, clamping arrangement, etc.)
 Specify: _____
 Weigh feature required? Yes No

4. POWER SUPPLY:

Pneumatic P.S.I.: _____ C.F.M. Available: _____ Electric Voltage: _____ Phase: _____ Cycle: _____
 Controls to be NEMA _____ rated. Dust Tight Water Tight Explosion Proof
 If hazardous area, specify: Class: _____ Group: _____ Div.: _____