

CONTAINER DISCHARGER

APPLICATION DATA SHEET

Company: _____	Contact: _____
Address: _____	Title: _____
City: _____	E-mail: _____
State: _____ Zip: _____	Phone: (____) ____ - _____
Proposal Due Date: _____	Fax: (____) ____ - _____
Today's Date: _____	Funded Project: Yes No

MATERIAL DESCRIPTION:

Trade Name: _____
Compound Name: _____
Molecular Formula: _____
Bulk Density: _____ lbs./ft³
Material Form:
Fiber Flake Granule
Irregular Pellet Powder
Other: _____
Particle Size: _____ (Max./Min.)
Flowability:

Characteristics:

- | | | |
|---------------------------------------|--------------------------------------|-----------------------------------|
| <input type="checkbox"/> Abrasive | <input type="checkbox"/> Adhesive | <input type="checkbox"/> Cohesive |
| <input type="checkbox"/> Corrosive | <input type="checkbox"/> Degradable | <input type="checkbox"/> Dusty |
| <input type="checkbox"/> Explosive | <input type="checkbox"/> Flammable | <input type="checkbox"/> Friable |
| <input type="checkbox"/> Hazardous | <input type="checkbox"/> Hygroscopic | <input type="checkbox"/> Packs |
| <input type="checkbox"/> Smears | <input type="checkbox"/> Toxic | |
| <input type="checkbox"/> Other: _____ | | |

Moisture Content: Water _____ % Fat _____ %

Other Characteristics: _____

Free-flowing (angle of repose 30° or less)
Semi free-flowing (angle of repose 30° - 45°)

Sluggish (angle of repose 45° to 60°)
Non free-flowing (angle of repose 60° +)

DISCHARGER SPECIFICATIONS:

Discharge Type:

Open Pour Chute (Non-Dust Tight)
Open Hood (Valve not included)
Closed Hood (Dust Tight)

Discharger Height:

Required discharge height: _____ ft.-in.
Required discharge angle: _____ deg.

Available Ceiling Height: _____ ft.-in.

Fill Rate:

Cycles per hour: _____
Cycle time required: _____

Flow Control:

Butterfly Valve Roller Slide Gate
Orifice Gate Other: _____

Container Loading Method:

Pallet Jack Hand Truck
Forklift Truck Roller Conveyor Infeed

Discharger Base:

Stationary
Portable with Casters
Portable by Forklift

Frame Construction:

304 Stainless Steel Carbon Steel
316 Stainless Steel Other _____

Weld Specification:

Continuous Weld Stitch Weld
Grinding Requirement: _____

Paint:

NBE Standard Metallic Grey
Other _____

Wash Down:

Yes No
Water or Cleaning Solution

Material Contact Surfaces:

304 Stainless Steel Carbon Steel
316 Stainless Steel Other _____

See backside for more info.



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UTILITIES:

Pneumatic Supply: _____ (s) cfm @ _____ psi (g)

Electric Supply: Voltage: _____ Phase: _____ Cycle: _____

Electrical Classification:

NEMA 4 (water tight)

NEMA 4X (SS)

NEMA 4X (FRP)

NEMA 7/9 (explosion proof)

NEMA 12 (dust tight)

Purge (explosion proof)

ATEX

Other: _____

If Hazardous Area: Class: _____ Division: _____ Group: _____ Zone: _____ Temp Rating: _____

UL Listed Control Panel: Yes No

BOX STYLE:

(H) Box Height: _____

(W) Box Width: _____

(L) Box Length: _____

(D) Front Flap Dimension: _____

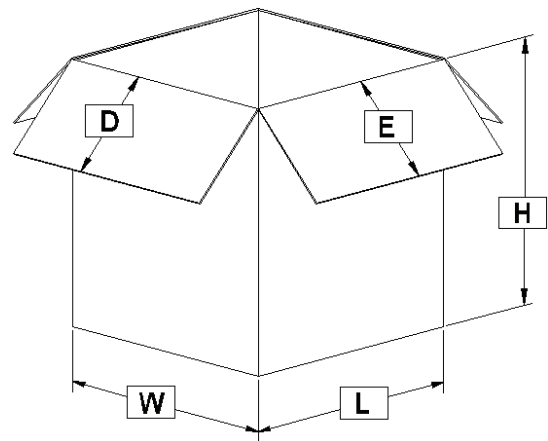
(E) Side Flap Dimension: _____

2 - Flap 4 - Flap Other: _____

Removable Lid: Yes No Slip Sheet: Yes No

Container Material: _____

Total Filled Container Weight: _____ lbs.



DRUM STYLE:

(A) Barrel Height: _____

(B) Mid Rib Height: _____

(C) Mid Rib Span: _____

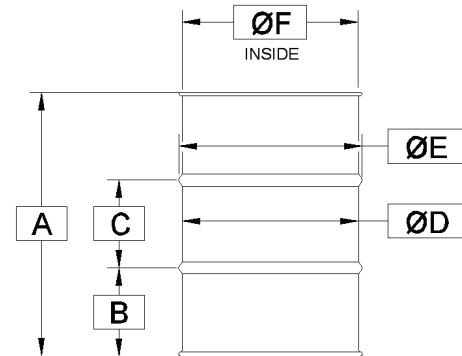
(D) Barrel Outside Diameter: _____

(E) Barrel Rib Diameter: _____

(F) Barrel Inside Diameter: _____

Container Material: _____

Total Filled Container Weight: _____ lbs.



OTHER CONTAINER STYLES:

Please provide a detailed sketch or cut sheet
(include **material** and total filled container **weight** in lbs.)

