



## FLOW-AID APPLICATION DATA SHEET

### CUSTOMER DATA

Company: \_\_\_\_\_ Date: \_\_\_\_\_

Contact: \_\_\_\_\_ Ph: \_\_\_\_\_

Title: \_\_\_\_\_ Ext: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

City, St, Zip: \_\_\_\_\_ E-m: \_\_\_\_\_

### DESCRIPTION OF MATERIAL OR TYPE OF PROBLEM

Material (Trade/Scientific): \_\_\_\_\_ Weight: \_\_\_\_\_ Lbs-Cu Ft

#### Condition:

☐ Granular, free-flowing ☐ Sluggish powders ☐ Coarse ☐ Corrosive

☐ Readily adhesive or easily fluidized ☐ Fibrous, flaky ☐ Fine ☐ Explosive

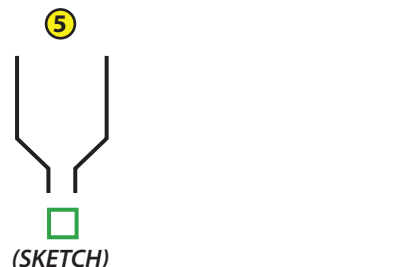
Compaction Level: ☐ Soft (shovel) ☐ Medium (pick) ☐ Hard (jackhammer)

Range of Particle Size: Min: \_\_\_\_\_ " or \_\_\_\_\_ Mesh % Max: \_\_\_\_\_ " or \_\_\_\_\_ Mesh %

Material Temp: \_\_\_\_\_ °F Moisture Content: ☐ Dry ☐ Wet Moisture: \_\_\_\_\_ %

Special Characteristics: \_\_\_\_\_

"☒" Type of problem; If other, indicate on ⑤



Material Presently Built-Up? ☐ Yes ☐ No Thickness of Material Build-Up: \_\_\_\_\_ " or \_\_\_\_\_ '

Volume of Material Build-Up: \_\_\_\_\_ lbs How Long has Build-Up Existed: \_\_\_\_\_ months or \_\_\_\_\_ years

### DESCRIPTION OF VESSEL

Vessel Material: ☐ Steel ☐ Stainless ☐ Concrete ☐ Wood Capacity: \_\_\_\_\_ Tons or \_\_\_\_\_ Ft

Wall Thickness: \_\_\_\_\_ " Vessel Currently Used: ☐ Yes ☐ No Vessel Lined: ☐ Yes ☐ No

Lining Material: \_\_\_\_\_ Lining Thickness: \_\_\_\_\_ " Vibrating Bottom: ☐ Yes ☐ No

**DESCRIPTION OF VESSEL (CONT'D)**

**Vessel Filled By:**

**And Discharged Onto:**

☐ Conveyor   ☐ Bucket   ☐ Feeder   ☐ Other

☐ Conveyor   ☐ Truck   ☐ Feeder   ☐ Other

**Required Flow:**   ☐ Continuous   ☐ Intermittent

**Rate:** \_\_\_\_\_ TPH

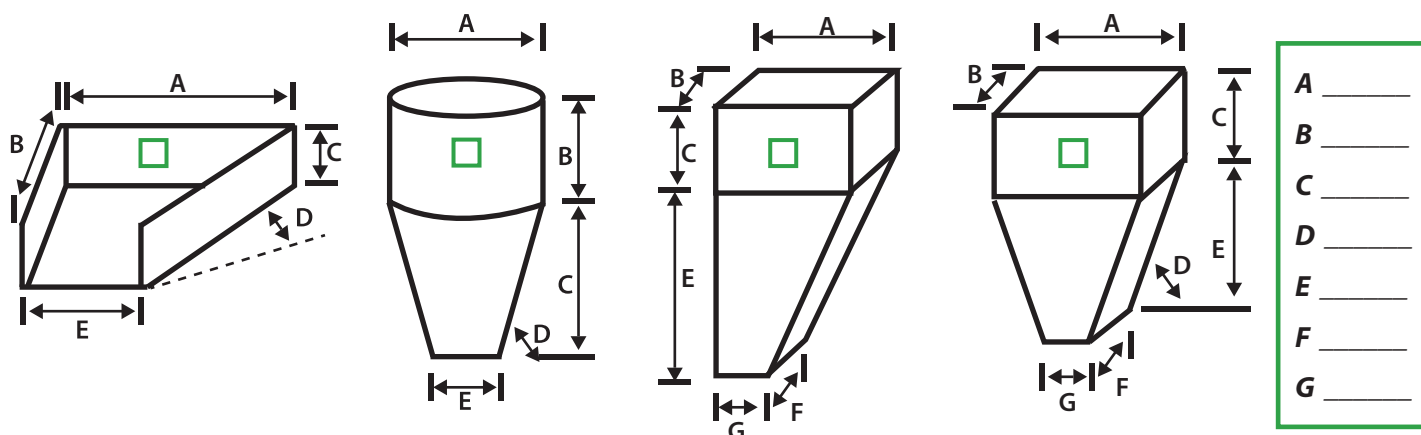
**Current Solution (eg, hammer, poke, etc):** \_\_\_\_\_

**Type of Flow-Aid being used or used previously:** \_\_\_\_\_

**Frequency and duration current method used in 24-hours:** \_\_\_\_\_

**Effect current method has on material/problem:** \_\_\_\_\_

☒ Vessel Design; Provide Dimensions of ☒ Vessel (or Supply Dwg)



**POWER / CONTROL AVAILABILITY**

**Power Preference:**   ☐ Air   ☐ Electric

**Air Supply:** \_\_\_\_\_ PSI   \_\_\_\_\_ CFM   **Pipe Dia:** \_\_\_\_\_ "   **Filtered Air:** ☐ Yes   ☐ No

**Electric Supply:** \_\_\_\_\_ V / Ph / Hz   **Explosion Proof Equipment Needed:** ☐ Yes   ☐ No

**Method of Control:**   ☐ Timer   ☐ PLC   ☐ Solenoid   ☐ Manual

**Type of Cycle Used:**   ☐ Manual   ☐ Timed Intervals   ☐ Automatically During Discharge  
☐ Automatically Under No-Flow Conditions

**Comments:** \_\_\_\_\_

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 WE FIND A WAY — OR MAKE ONE!