



Date _____

Please complete this questionnaire to enable our engineers to make an accurate recommendation of the correct type and size of vibrator required to promote the flow of stubborn materials from your hopper, bin or chute. Installations made in accordance with our recommendations are fully guaranteed for both product and performance.

Company Name _____ Your Name _____

Address _____ City _____ State _____ Zip _____

Phone Number _____ Fax Number _____ E-mail _____

Your B.E.S.T. Rep. (if known) _____ Rep's Address _____

1. PRODUCT CHARACTERISTICS:

Material to be handled: _____

Particle or mesh size: _____ Weight per cu. ft. _____

Moisture Content _____ % Material temperature _____ °F

Material Characteristics:
 Dry Flaky Abrasive Granular Corrosive Wet
 Sticky Powdery Hygroscopic Explosive Toxic Fluffy
 Other (specify) _____

Tendency to pack: Yes No If yes, Mild Severe Moderate

Will material discharge be continuous intermittent?

Is noise an objectionable factor? Yes No

2. BIN, HOPPER OR CHUTE DETAILS:

Basic configuration: Rectangular Conical Cylindrical Other _____

Make sketch on the other side of this sheet to illustrate unusual bin characteristics.

Construction material: Steel Aluminum Concrete Wood

Capacity of bin (approx.) Volume: cu. ft. _____ cu. yd. _____ Mass: lbs. _____ tons _____

Approximate bin dimensions: width or dia. _____ height _____ length (if chute)

Bin wall thickness: Gauge _____ Inches _____

Approx. degree of slope on hopper walls from horizontal _____ ° If chute _____ ° of decline

Is bin usually full? Yes No If no, give % of full _____

Location: Outdoors Indoors High humidity Normal

Temperature of immediate area: Maximum _____ °F Minimum _____ °F

Unusual operating conditions (high temp. zone, dirty atmosphere, other)

Specify: _____

3. 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.: _____

4. ADDITIONAL INFORMATION:

If this is not a new installation, we will find it helpful to know what other methods have been tried to overcome your problem?

If a vibrator has been applied previously, please advise why it was unsatisfactory _____
