

**To assure correct recommendations, please furnish us with the following information:**

1. Material \_\_\_\_\_ Temperature \_\_\_\_\_
2. Capacity: Feed to screen \_\_\_\_\_ TPH  
 Momentary Peak \_\_\_\_\_ TPH
3. Size of largest pieces fed on screen \_\_\_\_\_
4. Weight per cu. Ft. (loose) \_\_\_\_\_
5. Characteristics of material:
  - (a) Bone dry \_\_\_\_\_ (b) Wet \_\_\_\_\_ (c) Granular \_\_\_\_\_
  - (d) Claylike \_\_\_\_\_ (e) Sticky \_\_\_\_\_ (f) Flaky \_\_\_\_\_
  - Give free moisture: \_\_\_\_\_ % Normal \_\_\_\_\_ % Maximum
6. Analysis of feed (Attach complete analysis; if this is impossible, give estimated or known percentage for each opening at which separation is to be made; also for opening half the size of smallest separation).
 

	% retained on		sq. opening
	% retained on		sq. opening
	% retained on		sq. opening
	% retained on		sq. opening
	% retained on		sq. opening
- 6A. What is percent of half size material? (Half size is 1/2 the size you wish to screen at) \_\_\_\_\_  
 (Example: Screening at 1/4 ", half size is 1/8")
7. Is screen to be used for (a) Scalping \_\_\_\_\_ (b) Sizing \_\_\_\_\_ (c) Dewatering \_\_\_\_\_
- 7A. Size separations required \_\_\_\_\_ Number of decks \_\_\_\_\_
8. What is the maximum size piece permitted through:
  - (a) Top deck \_\_\_\_\_ (b) Intermediate deck \_\_\_\_\_ (c) Bottom deck \_\_\_\_\_
9. What percent of fines can be tolerated in the oversize? \_\_\_\_\_ %
10. Power available: Motor RPM \_\_\_\_\_ Voltage \_\_\_\_\_ Phase \_\_\_\_\_ Cycles \_\_\_\_\_
11. Method of feeding material to screen: Steady \_\_\_\_\_ Irregular \_\_\_\_\_ How fed \_\_\_\_\_
12. Space available for screen: Height \_\_\_\_\_ Width \_\_\_\_\_ Length \_\_\_\_\_
13. GPM for wet screening: \_\_\_\_\_

**IMPORTANT NOTE:** Make rough sketch on reverse side of this sheet showing headroom, floor space, and desired location of screen in relation to elevators or bins.

Customer type:  User  OEM  Dist.  Mfg. Rep.

Company Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_