

Date: _____

Company Name: _____ Address: _____ Postal code: _____		
Contact: _____ Post: _____ Tel: _____		
Fax: _____ E-mail: _____		
Material Character		
Material Name: _____ Major component: _____		
Volume density: _____ t/m ³ Granule equality: <input type="checkbox"/> yes <input type="checkbox"/> no		
Granule shape: <input type="checkbox"/> roundness <input type="checkbox"/> rectangular <input type="checkbox"/> flat shape <input type="checkbox"/> other: _____		
Average size of granule: _____ Max size of granule: _____		
Min size of granule: _____ Fluidity: <input type="checkbox"/> good <input type="checkbox"/> general <input type="checkbox"/> substandard		
Hydroscopicity: <input type="checkbox"/> good <input type="checkbox"/> general <input type="checkbox"/> substandard Percentage of contenting water: _____%		
Influence of broken: <input type="checkbox"/> yes <input type="checkbox"/> no dusty: <input type="checkbox"/> yes <input type="checkbox"/> no corrosivity: <input type="checkbox"/> yes <input type="checkbox"/> no		
Restricted material: <input type="checkbox"/> 304 <input type="checkbox"/> 316L <input type="checkbox"/> Tai <input type="checkbox"/> silastic <input type="checkbox"/> PTFE <input type="checkbox"/> PVC <input type="checkbox"/> PU <input type="checkbox"/> Nylon <input type="checkbox"/> other: _____		
Special demand of filter: _____		
requirement on gas transportation: _____		
Conveyor Parameters		
Conveying capability _____ kg/h (_____ Kg/times _____ s/times) horizontal distance _____ m		
vertical distance _____ m elbow number _____		
Conveying pattern: <input type="checkbox"/> continue conveying <input type="checkbox"/> interval conveying materials' fixing: <input type="checkbox"/> yes <input type="checkbox"/> no		
material temperature: _____ °C Equipment in starting point: <input type="checkbox"/> ends <input type="checkbox"/> bagged		
<input type="checkbox"/> granulator steam <input type="checkbox"/> expanded machine <input type="checkbox"/> sugar coated machine <input type="checkbox"/> other: _____		
Can the terminal equipment bear negative pressure: <input type="checkbox"/> no <input type="checkbox"/> yes: _____ kPa		
Steam or volatile gas: <input type="checkbox"/> yes <input type="checkbox"/> no Max weight: _____ kg		
Suction department shape of terminal equipment: _____		
Pipeline type: _____ pipeline diameter: _____ mm connectivity: _____		
security		
toxicity: <input type="checkbox"/> yes <input type="checkbox"/> no flammable: <input type="checkbox"/> yes <input type="checkbox"/> no allergy: <input type="checkbox"/> yes <input type="checkbox"/> no		
electrostatic: <input type="checkbox"/> yes <input type="checkbox"/> no Ex grade of controller: _____		
Scene conditions		
Space: length _____ mm width _____ mm height _____ mm		
Vacuum source: <input type="checkbox"/> yes <input type="checkbox"/> no; limit vacuum: _____ KPa; suction air: _____ m ³ /h;		
the distance between vacuum source and conveyor: _____ m		
Compressed gassed: <input type="checkbox"/> yes <input type="checkbox"/> no; pressure: _____ MPa; flow: _____ m ³ /h		
Sterile nitrogen: <input type="checkbox"/> yes <input type="checkbox"/> no; pressure: _____ MPa; flow: _____ m ³ /h		
Clean area: cleanness degree contact: _____ disinfection way: _____		
Environmental temperature: _____ Environmental humidity: _____		
temperature of suction position: _____		
Request/requirement:		