



# FLOW-AID PRODUCTS APPLICATION DATA SHEET

Plant Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
 Address: \_\_\_\_\_ Telephone: \_\_\_\_\_ FAX: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Date: \_\_\_\_\_  
 Email: \_\_\_\_\_

## Material Conditions

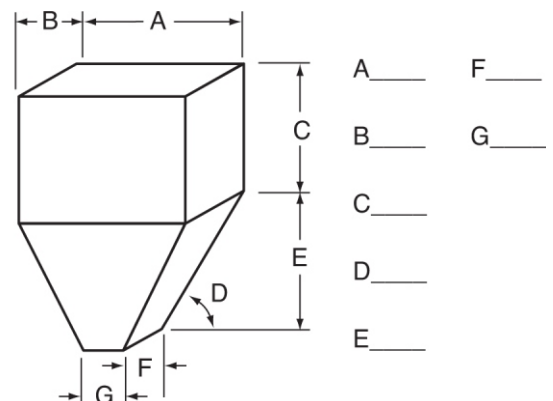
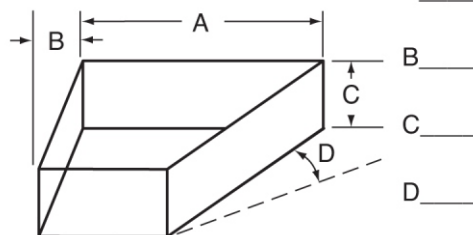
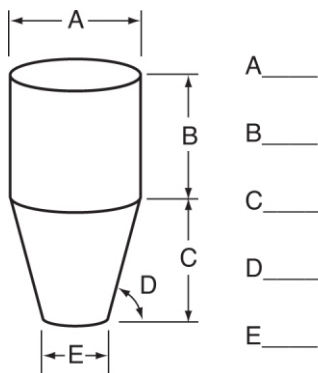
Type of Material: \_\_\_\_\_  
 Weight: lb per Cubic Foot: \_\_\_\_\_ or kg per Cubic Meter: \_\_\_\_\_  
 Moisture Content: ☐ Dry ☐ Wet ☐ Moisture \_\_\_\_\_ %  
 Temperature of Material: ☐ Ambient ☐ High \_\_\_\_\_ degrees ☐ F ☐ C  
 Condition: ☐ Coarse ☐ Granular ☐ Fine ☐ Powder ☐ Sticky  
 Partical Size: \_\_\_\_\_ Compaction Level of Material: ☐ Hard ☐ Soft

## Vessel Information

Shape of the Vessel: ☐ Square/Rectangular ☐ Round ☐ Chute ☐ Other \_\_\_\_\_  
 Vessel Material: ☐ Steel ☐ Stainless ☐ Concrete ☐ Wood ☐ Other \_\_\_\_\_  
 Wall Thickness: \_\_\_\_\_ ☐ in. ☐ mm Vessel Lined? ☐ Yes ☐ No  
 Vessel Lining Material: \_\_\_\_\_ Lining Thickness: \_\_\_\_\_ ☐ in. ☐ mm  
 Vibrating Bottom Installed: ☐ Yes ☐ No  
 Currently In use: ☐ Yes ☐ No  
 Discharge Frequency: ☐ Continuous ☐ Intermittent  
 Method of Discharge: ☐ Belt ☐ Screw ☐ Hopper ☐ Other \_\_\_\_\_

## COMPLETE DIMENSIONAL INFORMATION OR SUPPLY DRAWINGS

Standard of Measurement: ☐ Inches/Feet ☐ Millimeters/Meters



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## Type of Problem

Flow Problem: ☐ Bridging ☐ Rat-holing ☐ Packing ☐ Clinging to Sides

Describe the problem:

Where does it occur:

Material presently built-up? ☐ Yes ☐ No

Thickness of material build-up: \_\_\_\_\_ ☐ in ☐ mm

Volume of material build-up: \_\_\_\_\_ ☐ lbs ☐ ton

Length of time build-up has been present: \_\_\_\_\_

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## Current Solution

Current method being used: (ie. hitting with hammer; poking) \_\_\_\_\_

Flow aids presently being used or used previously: \_\_\_\_\_

How often and duration current method used in a 24-hour period: \_\_\_\_\_

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

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## Power Availability

Power Preference: ☐ Electric ☐ Pneumatic ☐ Hydraulic

Pneumatic: Pressure Available: \_\_\_\_\_ ☐ psi or ☐ bar

Volume Available: \_\_\_\_\_ ☐ CFM<sup>3</sup> or cm/min

Filter and/or Dryer on Air Line? ☐ Yes ☐ No

Distance from existing air supply to application: \_\_\_\_\_ ☐ in ☐ mm

Electric: Frequency ☐ 50 Hz ☐ 60 Hz

Phase Power ☐ Single-Phase ☐ Three-Phase

Voltage: \_\_\_\_\_

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

Desired outcome/expectations of the Flow-Aid System:

**Note:** Please attach drawings and/or digital photographs if available.  
Indicate flow problem area on drawing.

