WORKMASTER®
WE FIND A WAY — OR MAKE ONE!

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

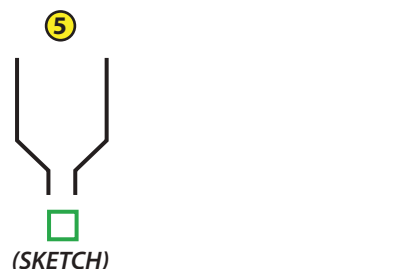☐ Readily adhesive or easily fluidized   ☐ Fibrous, flaky   ☐ Fine   ☐ Explosive

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

①	②	③	④	⑤
☐ ARCHING	☐ BRIDGING	☐ CLINGING	☐ PIPING	☐ (SKETCH) _____

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

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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

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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*
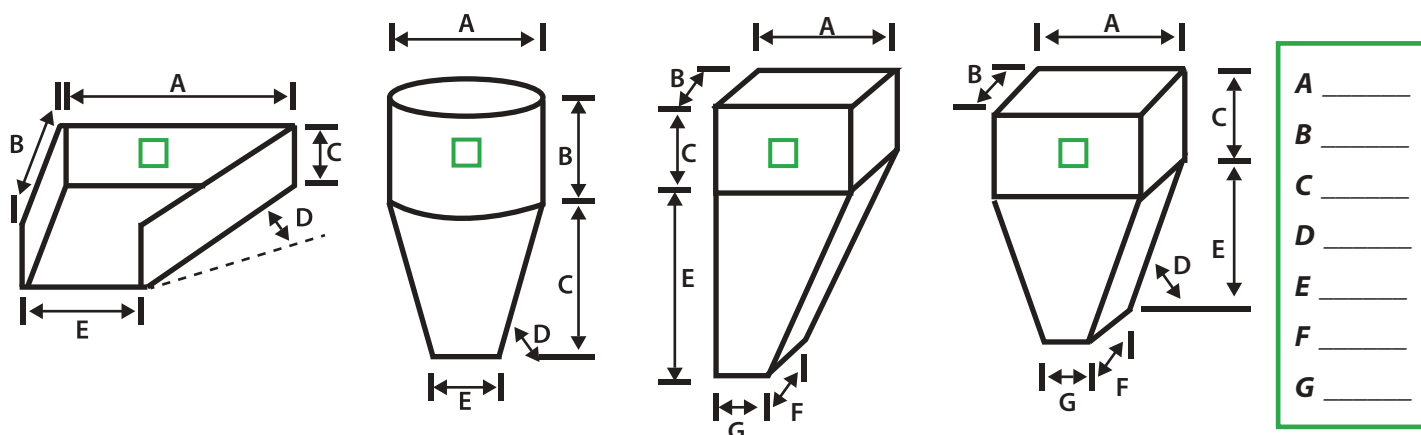
Current Solution (eg, hammer, poke, etc): _____

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)*

A _____
B _____
C _____
D _____
E _____
F _____
G _____

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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