

## DOSING SYSTEM REQUEST FORM

### CUSTOMER INFORMATION

Company ..... Contact Person .....  
Address ..... Telefon .....  
..... Fax .....  
City ..... E-Mail .....

### MATERIAL INFORMATION

Material Name .....  
Density .....kg/m<sup>3</sup>  
Particle Size .....mm  
Humidity .....%  
Material Temperature .....°C

### MATERIAL CHARACTERISTICS

- |  |                                     |                                    |
|--|-------------------------------------|------------------------------------|
| <input type="checkbox"/> Very Free Flowing | <input type="checkbox"/> Rahtoling  | <input type="checkbox"/> Explosive |
| <input type="checkbox"/> Free Flowing      | <input type="checkbox"/> Lumpy      | <input type="checkbox"/> Granular  |
| <input type="checkbox"/> Poor Flowing      | <input type="checkbox"/> Greasy     | <input type="checkbox"/> Other     |
| <input type="checkbox"/> Dusty             | <input type="checkbox"/> Damp       | .....                              |
| <input type="checkbox"/> Bridging          | <input type="checkbox"/> Compacting | .....                              |
| <input type="checkbox"/> Sticky            | <input type="checkbox"/> Fluidizing | .....                              |

### PROCESS INFORMATION

Feeding System .....( Gravimetric / Volumetric )  
Feeding Type .....(Continuous / Batch )  
Refill Method .....( Manual / Automatic )  
Minimum Feed Rate .....( kg/ Hour )  
Maximum Feed Rate .....( kg/ Hour )  
Regular Feed Rate .....( kg/ Hour )  
Precision .....( ±% )