# APPLICATION DATA SHEET

## *Martin® Flow-Aid Products*

Plant Name: _____ Contact Person: _____

Address: _____ Telephone: _____ Fax: _____

City: _____ Email: _____

State: _____ Zip Code: _____ Date: _____

### 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

**Particle Size:** _____ **Compaction Level of Material:** ☐ Hard ☐ Soft

### Vessel Information

**Shape of Vessel:** ☐ Square/Rectangle ☐ Round ☐ Chute ☐ Other _____

**Vessel Material:** ☐ Steel ☐ Stainless ☐ Concrete ☐ Wood ☐ Other _____

**Wall Thickness:** _____ ☐ in ☐ mm **Vessel Lined:** ☐ Yes ☐ No

**Vessel Construction:** ☐ Welded ☐ Bolted

**Vessel Lining Material:** _____ **Lining Thickness:** _____ ☐ in ☐ mm

**Vibrating Bottom Installed:** ☐ Yes ☐ No

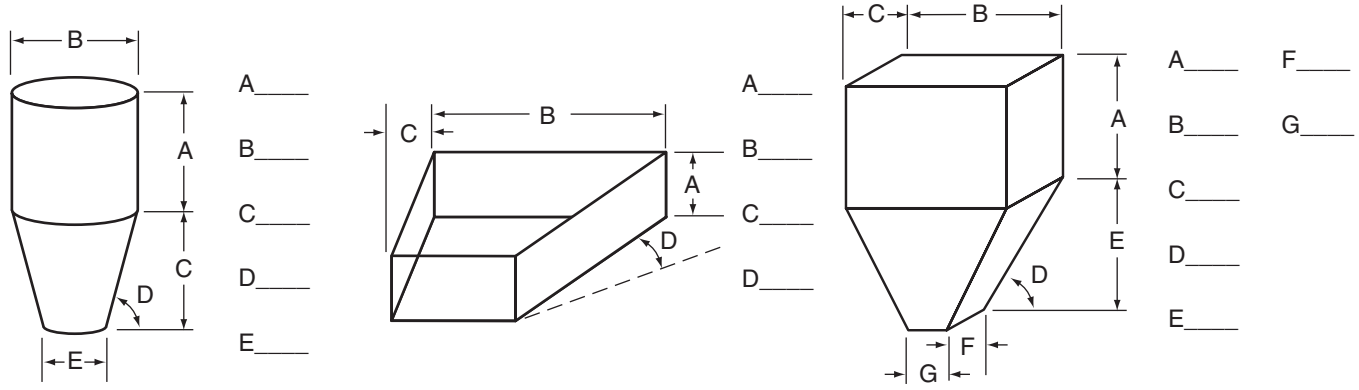
**Currently in Use:** ☐ Yes ☐ No

**Discharge Frequency:** ☐ Continuous ☐ Intermittent

**Method of Discharge:** ☐ Belt ☐ Screw ☐ Hopper ☐ Other _____

### Complete Dimensional Information or Supply Drawings

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




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



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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:** _____

## 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 24-hour period:** _____

**Effect current method has on the material/ problem:** _____

## Power Availability

**Power Preference:** ☐ Electric ☐ Pneumatic ☐ Hydraulic

**Pneumatic:** Pressure Available: _____ ☐ psi ☐ bar

Volume Available: _____ ☐ CFM ☐ $cm^3/min$

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 Internals ☐ Automatically During Discharge

☐ Automatically Under No-Flow Conditions

**Desired outcome/expectations of the Flow-Aid System:**

**Martin Engineering USA**
One Martin Place
Neponset, IL 61345-9766 USA
800 544 2947 or 309 852 2384
Fax 800 814 1553
www.martin-eng.com

***To submit the completed form please fax to 309-594-2432***
***Attention: Flow-Aids Technical Support or click here to email***
***vibration@martin-eng.com***

**COMPANY WITH QUALITY SYSTEM CERTIFIED BY DNV = ISO 9001:2008 =**

**Problem Solved™**

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