



**Industrial Products, Inc.**  
 PO Box 68004, Indianapolis, IN 46268

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 www.bhindust.com | sales@bhindust.com

## Loss-In-Weight Feeder - Quotation Form

Ingredient		Particle size	
Chemical Name		Maximum Lump size	
Bulk Density (min)		Bulk Density (max)	
Specific Gravity		Angle of Repose	
Moisture Content %		<input type="checkbox"/> Dry <input type="checkbox"/> Damp <input type="checkbox"/> Wet	

<input type="checkbox"/> Abrasive	<input type="checkbox"/> Dusty	<input type="checkbox"/> Free Flowing	<input type="checkbox"/> Packs Under Pressure
<input type="checkbox"/> Adhesive	<input type="checkbox"/> Explosive	<input type="checkbox"/> Friable	<input type="checkbox"/> Rat Holes
<input type="checkbox"/> Bridges	<input type="checkbox"/> Floodable	<input type="checkbox"/> Hygroscopic	<input type="checkbox"/> Toxic
<input type="checkbox"/> Corrosive	<input type="checkbox"/> Fragile	<input type="checkbox"/> Interlocks & Mats	<input type="checkbox"/> Similar to _____

Type of Feeders known to be suitable for handling material:			
<input type="checkbox"/> Belt	<input type="checkbox"/> Vibratory	<input type="checkbox"/> Screw	<input type="checkbox"/> Rotary Vane

<b>Application:</b>	
<input type="checkbox"/> Feed Rate Control <input type="checkbox"/> Proportional Rate Control Feed Rate (minimum): _____ Feed Rate (normal): _____ Feed Rate (maximum): _____ Preferred drive type is: _____	<input type="checkbox"/> Batch Batch Size (minimum): _____ Batch Size (maximum): _____ Batch Time: _____ Batch Frequency: ___ batches per ____

Accuracy Required: ____ % of _____ (batch weight, design capacity, scale capacity, set rate)
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<b>Process Flow:</b>	
<input type="checkbox"/> Feeder is refilled manually from _____ lb _____ (drum, tote, bag, bulk bag)	
<input type="checkbox"/> Feeder is refilled automatically from _____ (conveyor type) at a rate of _____	
<input type="checkbox"/> Supply Hopper: Volume: _____ Wall Angle: _____ ° Level Control: _____ (yes / no)	<input type="checkbox"/> Batch Shape: _____ (cone / pyramid) Discharge Opening: _____ dia. Flow Aids: _____ (yes / no)

<b>Construction Requirements:</b>		
Construction Type: <input type="checkbox"/> Sanitary <input type="checkbox"/> Non-Sanitary		
Materials of Construction:	Frame: _____ (MS, 304SS, 316SS)	Contact Parts: _____
Finish:	Frame: _____ (enamel, epoxy, 2B, etc)	Contact Parts: _____
Paint Tint (RAL): _____		



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<b>Installation Notes:</b>	
Ambient Temperature Range: _____ to _____	Location is: _____ (indoors / outdoors)
Feeder will be subjected to the following conditions: <input type="checkbox"/> _____ Vibration; (minor, occasional, severe) Frequency _____ Hz Amplitude _____ <input type="checkbox"/> Blow back in the form of _____ (corrosive fumes, dust, moisture, pressure differentials) <input type="checkbox"/> Inert Gas Purge; Design Pressure Rating: _____ Operating Pressure Rating: _____	<input type="checkbox"/> Wind or air currents <input type="checkbox"/> Frequent _____ cleaning (dry / wet) <input type="checkbox"/> Dust laden atmosphere <input type="checkbox"/> Rain <input type="checkbox"/> Water Spray
Electrical Area Classification for Feeder:	<input type="checkbox"/> Non-Hazardous (unclassified) <input type="checkbox"/> Class _____, Division _____, Group _____ and <input type="checkbox"/> Class _____, Division _____, Group _____
Electrical Area Classification for Drive:	<input type="checkbox"/> Non-Hazardous (unclassified) <input type="checkbox"/> Class _____, Division _____, Group _____ and <input type="checkbox"/> Class _____, Division _____, Group _____
Electrical Area Classification for Instrument:	<input type="checkbox"/> Non-Hazardous (unclassified) <input type="checkbox"/> Class _____, Division _____, Group _____ and <input type="checkbox"/> Class _____, Division _____, Group _____

<b>Required Feeder Accessories:</b>	
<input type="checkbox"/> _____ Supports (floor, overhead) <input type="checkbox"/> Hopper Cover <input type="checkbox"/> Inspection Door <input type="checkbox"/> Internal material agitation / conditioning	<input type="checkbox"/> Flexible Connections for _____ (inlet, outlet and/or dust vent) <input type="checkbox"/> Rotating Hopper / Feeder (up to 90°) <input type="checkbox"/> Test Weight Device <input type="checkbox"/> Tools free access to product handling area

Comments:

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