



VIBRATORY SPECIFICATION SHEET

VT-1K

DATE: _____ CUSTOMER PO # _____ ERIEZ ORDER NO: _____

CUSTOMER NAME: _____ NO. OF UNITS: _____

BILLING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CONTACT: _____ TITLE: _____ PHONE: _____

APPLICATION: Material fed from _____ to feeder and from feeder to _____

PRODUCT: _____ MOISTURE % _____

BULK DENSITY: _____ PRODUCT TEMP: _____

CAPACITY: _____ AMBIENT TEMP: _____

PARTICLE SIZE: _____ ABRASIVENESS: _____

ANGLE OF REPOSE: _____ CORROSIVENESS: _____

Is feeder being cycled: YES _____ NO _____ If so how often? _____

Is the feeder being powered by a portable generator? YES _____ NO _____

EQUIPMENT: _____

TRAY SIZE: W _____ X L _____ X D _____ TRAY CONFIGURATION: _____

UNDERDRIVE: _____ O.H.D. _____ DOWNSLOPE _____ DEG. MTG (BASE/SUSP): _____

OPEN: _____ ENCLOSED: _____ COVER TYPE: _____

INLET TYPE: _____ OUTLET TYPE: _____

TRAY MATERIAL: MS _____ SS _____ OTHER _____ SANITARY _____

PAINT: STANDARD _____ EPOXY _____ OTHER _____

LINERS: SIDE & REAR _____ BOTTOM _____

SCREEN: TYPE _____ MESH _____ WIRE DIA. & OPENING _____

IMPACT PLATE: _____ SCREEN: _____ INCH ABOVE TRAY BOTTOM

OTHER FEATURES: _____

CONTROL DESCRIPTION: _____

ENCLOSURE DESCRIPTION: _____ VOLTAGE: _____ CYCLE: _____ PHASE: _____

(IF SIGNAL FOLLOWING) SIGNAL INPUT: _____

SPECIAL FEATURES: _____

VOLUMATIC FEEDER MACHINE:

MODEL _____ HOPPER SIZE _____ VIB. SIZE _____

HOPPER OUTLET CONFIGURATION _____

FRAME: STANDARD _____ SPECIAL _____

SPECIAL TRAY CONSTRUCTION: (REFER TO DWG. 2N-9502996 FOR DETAIL OF SANITARY SPECIFICATION)

MATERIAL TYPE: 304 SS _____ 316 SS _____ OTHER _____

WELD TYPE:

PRODUCT ZONE: SANITARY I _____ SANITARY II _____ CLEAN III _____ OTHER _____

NON-PRODUCT ZONE: SANITARY I _____ SANITARY II _____ CLEAN III _____ OTHER _____

IF OTHER, EXPLAIN: _____

MATERIAL FINISH:

PRODUCT ZONE: GLASS BEAD (2B) _____ #4 POLISH _____ #7 POLISH _____ OTHER _____

NON-PRODUCT ZONE: GLASS BEAD (2B) _____ #4 POLISH _____ #7 POLISH _____ OTHER _____

SPECIAL SURFACE COATINGS: YES _____ NO _____

PRODUCT ZONE: _____

NON-PRODUCT ZONE: _____

EXTRAS: _____

HOPPER OR TRAY DESIGN (SKETCHED IF POSSIBLE):

REPRESENTATIVE

REVIEWED BY

CUSTOMER

DATE