

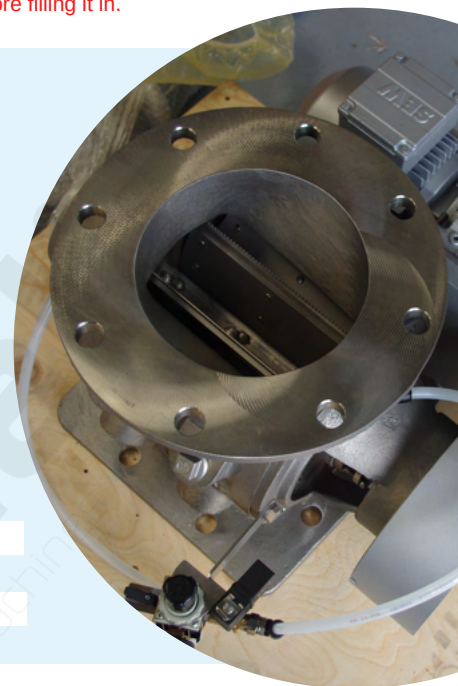
Form to complete and return by mail to contact@palamatic.fr

To make sure your data is taken into account, please save the document on your desktop before filling it in.

Company	<input type="text"/>	Date	<input type="text"/>
Contact name	<input type="text"/>	Project ref.	<input type="text"/>
Function	<input type="text"/>	Phone	<input type="text"/>
Address	<input type="text"/>	E-mail	<input type="text"/>
City	<input type="text"/>		
Country	<input type="text"/>		

Sector of activity

Food & Feed	<input type="checkbox"/>	Chemical industry	<input type="checkbox"/>	Fine chemical industry	<input type="checkbox"/>
Building industry	<input type="checkbox"/>	Water treatment	<input type="checkbox"/>	Other	<input type="text"/>



PROCESS REQUIREMENTS - IF POSSIBLE, SEND US A SKETCH OF THE REQUIRED INSTALLATION.

System implementation	Indoor	<input type="checkbox"/>	Outdoor	<input type="checkbox"/>
Operating temperature	-20°/+40°	<input type="checkbox"/>	Other	<input type="checkbox"/>
Height available in mm	<input type="text"/>			
Type of work	Gravity	<input type="checkbox"/>	Pressure pneumatic conveying	<input type="checkbox"/>
Dosing	De-dusting	<input type="checkbox"/>	Powder pump	<input type="checkbox"/>
Required flow rate	<input type="text"/>		m ³ /h.	<input type="text"/>
Operating pressure - mbar	Upstream	<input type="checkbox"/>	Downstream	<input type="checkbox"/>
Atex	yes*	<input type="checkbox"/>	no	<input type="checkbox"/>
Zone	20	<input type="checkbox"/>	21	<input type="checkbox"/>
	22	<input type="checkbox"/>	0	<input type="checkbox"/>
	1	<input type="checkbox"/>	2	<input type="checkbox"/>

*If Atex zone, please send the corresponding questionnaire. -

MANUFACTURING

Parts in contact with the product	Mild steel	<input type="checkbox"/>	AISI 304L	<input type="checkbox"/>	AISI 316L	<input type="checkbox"/>	Other	<input type="text"/>
Other parts	Mild steel	<input type="checkbox"/>	AISI 304L	<input type="checkbox"/>	AISI 316L	<input type="checkbox"/>	Other	<input type="text"/>
Special finishings: sealing	External bearings	<input type="checkbox"/>	Blasted bearings	<input type="checkbox"/>				
Hygiene	Mirror polished inside	<input type="checkbox"/>	Quick release	<input type="checkbox"/>	FDA certification	<input type="checkbox"/>		

MOTORIZATION

Supplied voltage	<input type="text"/>	Frequency	50 Hz	<input type="checkbox"/>	60 Hz	<input type="checkbox"/>
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WORKING ENVIRONMENT

Upstream equipment

Downstream equipment

Section or Ø at the feeding point

Section or Ø at the unloading point

ADDITIONAL INFORMATION

PRODUCTS CHARACTERISTICS

	Product 1	Product 2	Product 3	Product 4
Designation				
Apparent density kg/m ³				
True density kg/m ³				
Maximum granulometry µm				
Main granulometry µm				
Angle of repose °				
Moisture content %				
Product temperature °C				
Abrasive	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>
Toxic	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>
Arching	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>
Sticky	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>
Food product	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>
Special characteristics*	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>

* If yes, please forward us the Material Safety Data Sheet.

It is very important to give us the maximum information on the products to be treated; please send us the MSDS or inform us of the danger level/toxicity of the product.

Note: This data is important data for the validation of the adapted system.