

Form to complete and return by mail to [contact@palamatic.fr](mailto: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"/>		
<b>Sector of activity</b>	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.

<b>System implementation</b>	Indoor <input type="checkbox"/>	Outdoor <input type="checkbox"/>				
<b>Operating temperature</b>	-20°/+40° <input type="checkbox"/>	Other <input type="text"/>				
<b>Required flow rate - t./h</b>	<input type="text"/>	<b>Angle in °</b> <input type="text"/>				
<b>Center distance in mm (distance between inlet and outlet)</b>	<input type="text"/>	<b>Number of inlets</b> <input type="text"/>	<b>Number of outlets</b> <input type="text"/>			
<b>Type of screw</b>	Trough <input type="checkbox"/>	Tubular <input type="checkbox"/>				
<b>Transfer mode</b>	Extraction <input type="checkbox"/>	Conveying <input type="checkbox"/>				
<b>Operation</b>	Continuous <input type="checkbox"/>	Discontinuous <input type="checkbox"/>				
<b>Motor power supply voltage - V-TRI</b>	<input type="text"/>	<b>Frequency</b> 50 Hz <input type="checkbox"/>	60 Hz <input type="checkbox"/>			
<b>Atex</b>	yes* <input type="checkbox"/>	no <input type="checkbox"/>	<b>Temperature</b> <input type="text"/>			
<b>Zone</b>	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

<b>Parts in contact with the product</b>	Mild steel <input type="checkbox"/>	AISI 304L <input type="checkbox"/>	AISI 316L <input type="checkbox"/>	Other <input type="text"/>
<b>Other parts</b>	Mild steel <input type="checkbox"/>	AISI 304L <input type="checkbox"/>	AISI 316L <input type="checkbox"/>	Other <input type="text"/>

## WORKING ENVIRONMENT

Upstream equipment

Downstream equipment

## ADDITIONAL INFORMATION

## PRODUCTS CHARACTERISTICS

	Product 1	Product 2	Product 3	Product 4
<b>Designation</b>				
Apparent density kg/m <sup>3</sup>				
True density kg/m <sup>3</sup>				
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.