

# Dryer Questionnaire



<b>Company</b>	<b>Street</b>	<b>City, State</b>	<b>Zip, Country</b>
<b>Contact Name</b>	<b>Telephone</b>	<b>Fax</b>	<b>E-mail</b>
<b>Interested in:</b> Dryer <input type="checkbox"/> Cooler <input type="checkbox"/> Other <input type="checkbox"/> _____	<b>Project Status:</b> New Production <input type="checkbox"/> Production Increase <input type="checkbox"/> Research & Development <input type="checkbox"/> Other <input type="checkbox"/> _____		<b>Location of Installation</b>  <b>Delivery Date of Equip. Required</b>

## SYSTEM DESIGN DATA

<b>Description of Application</b>		<b>Material to be Processed</b>	
_____		_____	
_____		_____	
_____		_____	
<b>Feed:</b> Solution <input type="checkbox"/> Slurry <input type="checkbox"/> Filter Cake <input type="checkbox"/> Other <input type="checkbox"/> _____	<b>Feed Rate</b>	<b>Final Product Rate</b>	<b>Evaporation Rate:</b>
	<b>Feed Moisture</b>	<b>Final Product Moisture</b>	<b>Solvent</b>
	<b>Feed Temperature</b>	<b>Final Product Temp.</b>	<b>Max. Product Temp.</b>
<b>Softening Temp.</b>	<b>Stickiness</b>	<b>Melting Temp.</b>	<b>Specific Heat</b>
<b>Feed Preparation Steps</b> _____			
<b>Hygroscopic?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Heat Stability Temp/Time</b> _____		<b>Thermosetting or Thermoplastic Critical Temp.</b> _____ <b>Heat of Crystallization</b> _____	
<b>Required Operating Time:</b> _____ Hrs/Day _____ Days/Wk _____ Hrs/Yr			<b>Sample available for testing?</b>
<b>Material of Construction:</b>		<b>Product Contact Material:</b>	

## UTILITIES

<b>Natural Gas</b> _____	<b>Hot Water</b> _____
<b>Steam</b> _____	<b>Other</b> _____
<b>Waste Gas</b> _____	_____
	_____

**COMMENTS:** \_\_\_\_\_

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