

The ACT Group Silo Solutions Application Data

Plant Name: _____ Contact Person: _____
 Address: _____ Telephone: _____ FAX: _____
 City: _____ State: _____ Zip Code: _____ Date: _____

SILO / BUNKER / BIN / HOPPER INFORMATION

(If prints are available, disregard)		Roof Openings		YES	NO
	A _____ ft/m B _____ ft/m C _____ ft/m D _____ ft/m E _____ ft/m F _____ ft/m G _____ ft/m H _____ ft/m J _____ ft/m K _____ ft/m		Is there an elevator to the top of container? <input type="checkbox"/> YES <input type="checkbox"/> NO Air Slides or other fluidizing equipment? <input type="checkbox"/> YES <input type="checkbox"/> NO Are there inverted cones or baffles? <input type="checkbox"/> YES <input type="checkbox"/> NO Describe _____ Is there a working dust collecting system? <input type="checkbox"/> YES <input type="checkbox"/> NO Are there instruments or structural supports inside of container? <input type="checkbox"/> YES <input type="checkbox"/> NO Any liner or coatings inside container? <input type="checkbox"/> YES <input type="checkbox"/> NO Obstructions? <input type="checkbox"/> YES <input type="checkbox"/> NO (within 5' any direction inside or outside of roof opening)?	Type of Outlet: 110V <input type="checkbox"/> 220V <input type="checkbox"/> 440V <input type="checkbox"/> Type of Bottom: Flat <input type="checkbox"/> Cone <input type="checkbox"/> Sloped <input type="checkbox"/> Other <input type="checkbox"/> Top of Silo: Indoors <input type="checkbox"/> Outdoors <input type="checkbox"/> Air supply available: P.S.I. _____ C.F.M. _____ Type of Vessel: Silo <input type="checkbox"/> Bin <input type="checkbox"/> Bunker <input type="checkbox"/> Rail Car <input type="checkbox"/> Interstice <input type="checkbox"/> Tank <input type="checkbox"/> How long can container be available for cleaning? _____	
Number of discharge feeders: _____ Number of clogged feeders: _____ Discharge type: Slide Gate <input type="checkbox"/> Rotary Valve <input type="checkbox"/> Vibratory <input type="checkbox"/> Other <input type="checkbox"/> Feed rate: _____ TONS PER HOUR					
Roof Opening(s): Square <input type="checkbox"/> Round <input type="checkbox"/> Rectangle <input type="checkbox"/> Height of lip on manhole: _____ ft. _____ in. Thickness of roof: _____ ft. _____ in.					

SILO / BUNKER / BIN / HOPPER CONDITION

	Condition of non-flowing material: Wet <input type="checkbox"/> Dry <input type="checkbox"/> Temperature of Material (Degrees): _____ Compaction level: Hard <input type="checkbox"/> Soft <input type="checkbox"/> % Moisture: _____ Last time cleaned: _____ Method used: _____
Name of material: _____ Estimate amount of non-flowing material: _____ TONS Planned Storage Capacity: _____ TONS	

METHOD FOR REMOVAL OF DISLODGED MATERIAL (explain): _____

