

Date _____

Please complete this questionnaire to enable our engineers to make a proper analysis of the size, model and type of BBL Loading Unit best suited to satisfy your Filling, Weighing, and Settling application.

Company Name _____ Your Name _____
 Address _____ City _____ State _____ Zip _____
 Phone Number _____ Fax Number _____ E-mail _____
 Your B.E.S.T. Rep. (if known) _____ Rep's Address _____

1. EQUIPMENT FEATURES:

MODEL NOMENCLATURE

EXAMPLE:

MODEL BBL-

MODEL

BBL-VD-A-AU-12-IB-SG-LC

Bulk Bag Loader with flat deck, air powered vibratory densifier with automatic controls, NEMA 12 enclosure. Added options include bag inflation blower, and slide gate with load cell scale.

QUOTE: (fill in your spec info)

MODEL BBL-													
	(VD) Flat Deck (GD) Grid Deck (for use w/rollers)	(A) Air Powered (E) Electric Powered (AP) Air Piston Vibrator	(PR) Powered Roller (GR) Gravity Roller (RT) Roller w/Tipper	(MA) Manual Controls (AU) Auto Controls	(12) NEMA 12 Dust Tight (4) NEMA 4 Washdown (X) NEMA 4X Washdown (7/9) NEMA 7/9 Explosion Proof	(IB) Inflation Blower (FV) Flap Valve (to divert to dust collector)	(SG) Slide Gate (RV) Rotary Valve (VF) Vibratory Feeder (SC) Screw Conveyor	(LC) Load Cells (FS) Platform Scale	(DK) Drum Kit	(MJ) Manual Screw Jack (EJ) Electric Screw Jack (AJ) Air Screw Jack			
	Vibratory Densifier	Vibratory Power	Roller Conveyor	Controls	NEMA Rating of Installation Area	Inflation Blower	Flap Valve	Feeding Device Option	Scale Type	Drum Kit	Screw Jack		

NOTE: If an option in one or any of the columns is not needed, just omit that letter or number

Construction material for product contact areas: Mild Steel 304 Stainless 316 Stainless Other _____
 Frame Paint Finish (specify): _____

2. BULK BAG DIMENSIONS:

Bulk Bag Dimensions: Width: _____ X Length: _____ X Height: _____, Filled Diameter: _____
 Bulk Bag Outlet Spout Dimensions: _____ " Dia. X _____ " Length
 Strap length from top of bag to top of strap is: _____ " Length

3. OPERATION:

Number of bags to be filled per hour: _____ per shift (8 hours): _____
 Net weight to be filled: _____ lbs., Desired accuracy of fill device: _____ lbs., _____ %
 Bag will set on: Pallet Plywood Slip Sheet Other: _____
 Vibration required? Yes No B.E.S.T. to specify, if required
 Fill device? (specify): _____
 Unusual operating conditions (high temp. zone, dirty atmosphere, etc.). Specify: _____
 Slide gate required at spout inlet? Yes No Position sensing req'd? Yes No
 Duty Cycle: Continuous _____ hrs. Intermittent: On Time _____ Off Time _____

4. PRODUCT:

Material to be handled: _____
 Test samples being furnished? (1 cu. ft. req'd - send prepaid): Yes No Return Destroy (Phone factory to request test sample file number)
 Weight per cu. ft.: _____ lbs. Angle of Repose: _____
 Material Characteristics: Dry Flaky Abrasive Granular Corrosive Wet
 Sticky Powdery Hygroscopic Explosive Toxic Fluffy
 Other (specify) _____
 Particle Size: Max _____ Min _____ Moisture Content _____ % Material temperature _____ °F
 Other Comments: _____

5. POWER SUPPLY:

Pneumatic P.S.I.: _____ C.F.M. Available: _____ Electric Voltage: _____ Phase: _____ Cycle: _____
 Controls to be NEMA _____ rated. Dust Tight Water Tight Explosion Proof
 If hazardous area, specify: Class: _____ Group: _____ Div.: _____