



Application form / Microwave Moisture

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Before a quotation can be issued, we must have this form completed.

Company Name _____

Contact Name _____

Street or P.O. Box _____ Zip code _____

City _____ Phone Number _____

State /Province _____ Fax Number _____

Date _____

PRODUCT SPECIFICATIONS

Product _____ **Process Material :** _____

Product Chemistry: _____

Bulk Density(Nominal)

--

Particle size

--

 mm

Moisture range % minimum

--

 % nominal.

--

 % maxi.

--

 %

Accuracy

--

Conductivity

--

pH

--

Dielectric constant

--

Normal product temperature

--

 degrees C / F

Ambient temperature

--

 degrees C / F

PROCESS SPECIFICATIONS

If Belt Flat Chain Screw Other Installation

Material _____

Belt Width : _____ inches

Belt Inclined yes Angle _____

Belt Speed ((ft/min) Normal _____ Min. _____ Max _____ (ft/min)

Nominal Height of Material on the Belt _____ inches

Nominal Mass Flow Rate (t/h) _____ t/h Profile section (*please supply a sketch*)

If Chute (*please supply a sketch*)

If Pipe (*please supply a sketch*) Pressure _____ Nominal Flow _____

Calibration Method

Laboratory Method : _____ Accuracy %
Purpose of the Moistures Analyzer _____