

PRODUCT QUESTIONNAIRE (PROJECT: DRYER)

Note: Please indicate by a tick mark where options are provided.

1. CUSTOMER'S DETAIL:

Company Name:			
Contact Person:			
Plant Location:			
Address:			
Phone No.:		Fax No.:	
E-mail:			

2. TYPE OF EQUIPMENT DESIRED:

<input type="checkbox"/> Spray Dryer	<input type="checkbox"/> Rotary Dryer
<input type="checkbox"/> Fluid Bed Dryer / Cooler	<input type="checkbox"/> Flash Dryer / Spin Flash Dryer
<input type="checkbox"/> Steam Tube Dryer	<input type="checkbox"/> Tumbler Dryer
<input type="checkbox"/> Agitated Thin Film Dryer (ATFD)	<input type="checkbox"/> Vendor to Choose

3. AMBIENT CONDITIONS:

Ambient Temperature	Summer (°C)	
	Winter (°C)	

4. FEED DETAILS:

Name & Description of Feed:			
Nature of feed:	<input type="checkbox"/> Liquid	<input type="checkbox"/> Crystalline	<input type="checkbox"/> Paste
Chemical Composition of the Feed:			
Moisture in Feed (%):			
(Detail of constituents if more than one type of solid is present):			
Percentage (w/w) and Description of solvents other than water, if any:			
Product Output Required (Kg/h):			
Density (gm/cc):			
Viscosity (cps):			
Specific Heat of Feed (kcal/kg°C):			

5. NATURE OF DRY MATERIAL:

Is it Inflammable / Explosive?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does it have strong odour / colour?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What is the end-use of the product?		
Final Moisture Content in the Powder (%)		
Desired Particles size (d50) Micron:		

6. PREFERRED METHOD OF AIR HEATING:

<input type="checkbox"/> Steam Air Heating	
Steam Pressure	
<input type="checkbox"/> Electrical Air Heating	
<input type="checkbox"/> Direct Oil/Gas Fired Air Heating	
Type of Fuel	
Calorific Valve	
<input type="checkbox"/> Indirect Oil/Gas Fired Air Heating	
Type of Fuel	
Calorific Valve	
<input type="checkbox"/> Combination (Please Specify)	

7. ELECTRICAL SUPPLY AVAILABLE:

Voltage (volts)	
Phase	
Frequency (Hz)	

8. MATERIAL OF CONSTRUCTION:

<input type="checkbox"/> SS-316	<input type="checkbox"/> SS-304	<input type="checkbox"/> SS-304 L	<input type="checkbox"/> CS	<input type="checkbox"/> SS-316 L	<input type="checkbox"/> SS-316 Ti	<input type="checkbox"/> Other
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9. OPTIONAL:

Powder Cooling Section	<input type="checkbox"/> Required	<input type="checkbox"/> Not Required
Wet Air Scrubber	<input type="checkbox"/> Required	<input type="checkbox"/> Not Required
Bag Filter	<input type="checkbox"/> Required	<input type="checkbox"/> Not Required

10. DO YOU WANT US TO INCLUDE:

MCC & Cabling with Cable Tray	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Supporting Structure	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Any Specific Requirement:	
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AUTHORIZED SIGNATORY:	
Designation:	