



Equipment Division
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www.fluidenergype.com

Customer Milling Test Data Sheet

Date _____ Company _____ (Sales Rep) _____

Customer Contact: _____ Phone _____ FAX _____

Material: Chemical: _____ CAS No. _____ UN No. _____

Trade Name: _____ Quantity to be sent _____ Value/lb. _____

(Please send control samples, MSDS, completed Customer Test Data form, and P.O. number before your test.)

Is material insured while at our facility? _____ What is material's end use? _____

Is material a component used in food drugs or cosmetics? _____

Absolute Spec. Gravity _____ Scale of Hardness _____ Bulk Density _____ lbs / cu. ft.

What particle size is the feedstock? _____ mean value _____ maximum size _____

Does feedstock flow easily? _____ Can it be screw fed? _____

Is the material explosive as a feedstock or fine powder? _____ Explosion Severity _____

Explosive Concentration _____ minimum _____ maximum _____

HMIS Rating _____ Health _____ Flammability _____ Reactivity _____ Personal Protection _____

Color of feedstock _____ Physical Structure _____

Is the material hygroscopic as a feedstock? _____ As a finished product? _____

Safe handling procedures for this material: _____

Product Requirements: Average particle size _____ Maximum size _____

Bulk Density _____ lbs. / cu. ft.

Is color critical? _____ Color required _____

Samples: Do you require lab or application samples to be taken and packaged separately from test materials? _____

Sample size _____ Sampling frequency _____

Send samples to: _____ Ship balance of test materials and unused feedstock to: _____

Particle Size Analysis What (PSA) method do you use? Laser Diffraction _____ Sieve _____ Microscopic _____

If other please describe. _____

If laser what manufacturer and model ? _____

Which suspension fluids do you use? _____ Which dispersants? _____

If sonication is used what manufacturer, model, wattage and duration? _____

Describe any other sample prep needed _____

Which statistics are most important in your PSA report? Mean _____ Median _____ Other _____
%<: _____ d50 %<: _____ d90 %<: _____ d100

Please send PSA reports for feedstock and control samples for comparison purposes with our laser equipment.

Production: How is material currently produced? _____

What is current product particle size? _____ What is current product moisture? _____

What is the hourly production rate desired in pounds of finished product? _____

Utilities: Describe utilities currently available. Compressed air _____ CFM @ _____ PSIG @ _____ F

Steam _____ lbs/hr @ _____ PSIG @ _____ F

Electricity _____ Volts _____ Phase _____ Cycles _____ KVA

Do samples and test report go to the shipping address or billing address? _____

Shipping

Billing

Attn: _____ **Attn:** _____

Please indicate a preferred carrier for a Collect shipment for returning your test materials _____

Please provide a contact name and phone number for the person responsible for shipping and receiving your test materials.

Name: _____ Phone: _____ FAX: _____

Please provide the P.O. # for our billing purposes _____ (Invoices payable net 30 days)

Customer Data Sheet information provided by: _____
(Name) (Signature) (Date)