

Equipment Division
4300 Bethlehem Pike • Telford, PA 18969
Phone: 215-721-8990 • Fax: 215-721-2355

www.fluidenergype.com

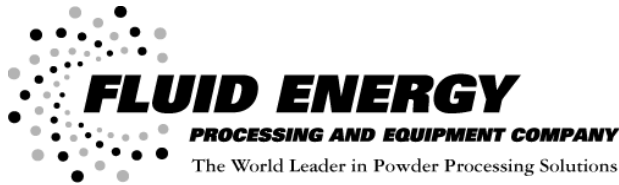
Instructions for filling out Drying Test Data Sheet – PDF Version:

The test data sheet may be filled out in one of two ways: (a) either by filling in the Microsoft Word fill-in form version, or (b) by filling the blank cells of the PDF version of the data sheet.

How to fill-in PDF version:

The PDF file can be printed out and filled in by hand. Preferably, use a PDF program to fill in the blank spaces, cells, as follows:

1. Create a “text” box; place it in a blank cell and type in requested information.
2. Use the “sample sheet” (pages 4 & 5 of this file) to see the information that is requested for each blank cell.
3. Save the PDF, then print, sign & date.
4. Return completed PDF to Fluid Energy.



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Drying Test Data Sheet

COMPANY INFORMATION	BILLING INFORMATION
	ATTN: P.O. # (Invoices payable net 30 days)
CONTACT INFORMATION*	PRODUCT & TEST MATERIAL INFORMATION
Phone number: FAX: *Test report & processed sample will be shipped to the above at the company address, unless instructed otherwise.	ATTN*: *Individual in charge of shipping of test material (feedstock); receiving of product & untested feedstock

TEST MATERIAL INFORMATION

Will material be used as a:	Yes	No	
Food component	<input type="checkbox"/>	<input type="checkbox"/>	--N/A--
Drug component	<input type="checkbox"/>	<input type="checkbox"/>	--N/A--
Cosmetics component	<input type="checkbox"/>	<input type="checkbox"/>	--N/A--

Material:	Yes	No	
Softens when heated	<input type="checkbox"/>	<input type="checkbox"/>	
Is sensitive to high temps.	<input type="checkbox"/>	<input type="checkbox"/>	
Is flammable	<input type="checkbox"/>	<input type="checkbox"/>	
Is water-soluble	<input type="checkbox"/>	<input type="checkbox"/>	--N/A--
Flows easily	<input type="checkbox"/>	<input type="checkbox"/>	--N/A--
Can be used in a screw feed	<input type="checkbox"/>	<input type="checkbox"/>	--N/A--
Is hygroscopic	<input type="checkbox"/>	<input type="checkbox"/>	--N/A--
Requires safe handling	<input type="checkbox"/>	<input type="checkbox"/>	

TEST MATERIAL PROPERTIES

Mean particle size	
Maximum particle size	
Moisture content % Water	
Moisture content % Solvent	
Solvent (if present) is:	
Material color	

LEL volatiles % vol.	
UEL volatiles % vol.	
Min. explosive concentration	
Max. explosive concentration	
Physical structure	

HMIS Rating: 4 = severe, 0 = minimal

Health		Flammability		Reactivity		Personal protection	
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Name of individual who filled out this sheet: _____

Date: _____

Signature: _____

PRODUCT REQUIREMENTS

Average particle size	
Maximum particle size	
Required color (if critical)	
Desired production rate (lbs./hr.)	

Moisture content (% LOD*)	
Moisture content (% LOI**)	
Bulk density	

* Loss on drying. ** Loss on ignition.

SAMPLES:

Sample size	[information]	Sample frequency	[information]
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PARTICLE SIZE ANALYSIS (PSA)

Methods used (by company)	Yes	No	
Laser diffraction	<input type="checkbox"/>	<input type="checkbox"/>	
Sieve	<input type="checkbox"/>	<input type="checkbox"/>	--N/A--
Microscopic	<input type="checkbox"/>	<input type="checkbox"/>	--N/A--
Other	<input type="checkbox"/>	<input type="checkbox"/>	

PSA REPORT (Fluid Energy supplied)

Requested Statistics:	Yes	No	
Mean	<input type="checkbox"/>	<input type="checkbox"/>	--N/A--
Median	<input type="checkbox"/>	<input type="checkbox"/>	--N/A--
%<d50	<input type="checkbox"/>	<input type="checkbox"/>	--N/A--
%<d90	<input type="checkbox"/>	<input type="checkbox"/>	--N/A--
%<d100	<input type="checkbox"/>	<input type="checkbox"/>	--N/A--
Other	<input type="checkbox"/>	<input type="checkbox"/>	[If yes, provide information]

MOISTURE ANALYSIS (Fluid Energy supplied)

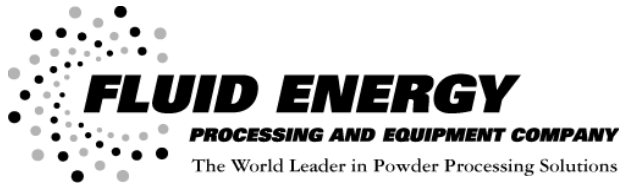
Requested Information:	Yes	No	
LOD	<input type="checkbox"/>	<input type="checkbox"/>	--N/A--
LOI	<input type="checkbox"/>	<input type="checkbox"/>	--N/A--
Sample size	<input type="checkbox"/>	<input type="checkbox"/>	
Temperature (°C)	<input type="checkbox"/>	<input type="checkbox"/>	--N/A--
Other method required	<input type="checkbox"/>	<input type="checkbox"/>	

Please type additional instructions below:

Name of individual who filled out this sheet: _____

Date: _____

Signature: _____



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Drying Test Data Sheet

COMPANY INFORMATION	BILLING INFORMATION
[Company name] [Street] [City, State, Zip Code]	[Street] [City, State, Zip Code] ATTN: [Name] P.O. #[number] (Invoices payable net 30 days)
CONTACT INFORMATION*	PRODUCT & TEST MATERIAL INFORMATION
[Name] Phone number: [Number & ext.] FAX: [Fax] [E-mail address] *Test report & processed sample will be shipped to the above at the company address, unless instructed otherwise.	[Street] [City, State, Zip Code] ATTN*: [Name & phone number] [Carrier: if this is a collect shipment]*Individual in charge of shipping of test material (feedstock); receiving of product & untested feedstock

TEST MATERIAL INFORMATION

Will material be used as a:	Yes	No	
Food component	<input type="checkbox"/>	<input type="checkbox"/>	--N/A--
Drug component	<input type="checkbox"/>	<input type="checkbox"/>	--N/A--
Cosmetics component	<input type="checkbox"/>	<input type="checkbox"/>	--N/A--

Material:	Yes	No	
Softens when heated	<input type="checkbox"/>	<input type="checkbox"/>	[Provide critical temperature]
Is sensitive to high temps.	<input type="checkbox"/>	<input type="checkbox"/>	[Provide critical temperature]
Is flammable	<input type="checkbox"/>	<input type="checkbox"/>	[Provide critical temperature]
Is water-soluble	<input type="checkbox"/>	<input type="checkbox"/>	--N/A--
Flows easily	<input type="checkbox"/>	<input type="checkbox"/>	--N/A--
Can be used in a screw feed	<input type="checkbox"/>	<input type="checkbox"/>	--N/A--
Is hygroscopic	<input type="checkbox"/>	<input type="checkbox"/>	--N/A--
Requires safe handling	<input type="checkbox"/>	<input type="checkbox"/>	[If yes, provide details]

TEST MATERIAL PROPERTIES

Mean particle size	[Provide information]	LEL volatiles % vol.	[Provide information]
Maximum particle size	[Provide information]	UEL volatiles % vol.	[Provide information]
Moisture content % Water	[Provide information]	Min. explosive concentration	[Provide information]
Moisture content % Solvent	[Provide information]	Max. explosive concentration	[Provide information]
Solvent (if present) is:	[Provide information]	Physical structure	[Provide information]
Material color	[Provide information]		

HMIS Rating: 4 = severe, 0 = minimal

Health	[number]	Flammability	[number]	Reactivity	[number]	Personal protection	[number]
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Name of individual who filled out this sheet: _____

Date: _____

Signature: _____

PRODUCT REQUIREMENTS

Average particle size	[information]
Maximum particle size	[information]
Required color (if critical)	[information]
Desired production rate (lbs./hr.)	[information]

Moisture content (% LOD*)	[information]
Moisture content (% LOI**)	[information]
Bulk density	[information]

* Loss on drying. ** Loss on ignition.

SAMPLES:

Sample size	[information]	Sample frequency	[information]
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PARTICLE SIZE ANALYSIS (PSA)

Methods used (by company)	Yes	No	
Laser diffraction	<input type="checkbox"/>	<input type="checkbox"/>	[manufacturer, model, Watts & duration]
Sieve	<input type="checkbox"/>	<input type="checkbox"/>	--N/A--
Microscopic	<input type="checkbox"/>	<input type="checkbox"/>	--N/A--
Other	<input type="checkbox"/>	<input type="checkbox"/>	[If yes, provide information]

PSA REPORT (Fluid Energy supplied)

Requested Statistics:	Yes	No	
Mean	<input type="checkbox"/>	<input type="checkbox"/>	--N/A--
Median	<input type="checkbox"/>	<input type="checkbox"/>	--N/A--
%<d50	<input type="checkbox"/>	<input type="checkbox"/>	--N/A--
%<d90	<input type="checkbox"/>	<input type="checkbox"/>	--N/A--
%<d100	<input type="checkbox"/>	<input type="checkbox"/>	--N/A--
Other	<input type="checkbox"/>	<input type="checkbox"/>	[If yes, provide information]

MOISTURE ANALYSIS (Fluid Energy supplied)

Requested Information:	Yes	No	
LOD	<input type="checkbox"/>	<input type="checkbox"/>	--N/A--
LOI	<input type="checkbox"/>	<input type="checkbox"/>	--N/A--
Sample size	<input type="checkbox"/>	<input type="checkbox"/>	[If yes, provide information]
Temperature (°C)	<input type="checkbox"/>	<input type="checkbox"/>	--N/A--
Other method required	<input type="checkbox"/>	<input type="checkbox"/>	[If yes, provide information]

Please type additional instructions below:

[Type additional information here]

Name of individual who filled out this sheet: _____

Date: _____

Signature: _____