

Questionnaire Sieving

Please complete this questionnaire and send it to your local distributor.

Material data

Exact description of the material _____

Material properties

<input type="checkbox"/> dry (___ %)	<input type="checkbox"/> moisture (___ %)	<input type="checkbox"/> hygroscopic
<input type="checkbox"/> oily/fat (___ %)	<input type="checkbox"/> toxic	<input type="checkbox"/> corrosive
<input type="checkbox"/> electrostatically	<input type="checkbox"/> explosive	<input type="checkbox"/> other

Particle size range from-to _____ (µm/mm)

Bulk density _____ (kg/dm³)

Description of application

Required fractions (µm/mm) _____

Feed rate _____ (kg/h)

Sieving type

<input type="checkbox"/> wet sieving	<input type="checkbox"/> dry sieving
<input type="checkbox"/> control	<input type="checkbox"/> fractionating
	<input type="checkbox"/> other

Remarks _____

Test sieving

Do you require a test sieving? yes no

Remark:

When you send us your test material, please ensure a proper marking and packaging. If available, please add safety data sheets. Please add the following data to the sample:

Material description _____

Your company details _____

Contact at your company _____

Sender

Company _____

Department _____

Title/First & Surname _____

Street _____

Postcode/City/Country _____

Telephone _____

E-mail _____

Fax _____

Date _____

Signature _____