

INFORMATION FOR LABORATORY TEST RUN – DRY GRIND

COMPANY NAME: _____ DATE: _____

MAILING ADDRESS: _____

RETURN PROCESSED MATERIAL TO (NO PO BOXES): _____

PURCHASE ORDER #: _____ PERSON: _____

TITLE: _____ E-MAIL: _____

PHONE NO: _____ FAX NO: _____

MATERIAL TO BE PROCESSED: _____

REMARKS:

Hardness _____

Specific Gravity _____ Bulk Density _____

Toxic _____ Irritating _____

Explosive _____ Flammable _____

Other _____

Temperature Sensitive _____

Moisture Content _____

Precautions for Handling _____

WHAT GRIND AID CAN BE USED: _____

Suggested Rate or Amount _____

INITIAL PARTICLE FEED SIZE: _____

END PRODUCT PARTICLE SIZE DESIRED: (If available, please send 1 oz. "control" sample)

Average _____

Maximum _____

Method of Determination _____

MINIMUM QTY. SAMPLE DESIRED: _____

MATERIAL NEEDED FOR TEST

Batch: 2-3 qts

Continuous: 3-5 gallons

Please include 1 oz. "control" sample of final product desired

GRINDING MEDIA:

Stainless Steel _____ Chrome Steel _____ Carbon Steel _____ Si_3N_4 _____

Tungsten Carbide _____ ZrO_2 _____ Al_2O_3 _____ SiC _____

Ceramic (silica base) _____ Glass _____ $ZrSiO_4$ _____ Other _____

ALL SDS REQUIRED PRIOR TO TEST RUN

SENSITIVITY OF MATERIAL:

Product Color Critical _____ Iron Contamination Critical _____

Other Critical Contamination _____

PRODUCTION RATE DESIRED: _____ Per Hour _____ Per Year (@ _____ Hrs./Yr)

PRESENT ACTIVITY:

Are You Grinding These Materials Now? _____ / Method: _____

Length of Milling Time _____ / Present Capacity _____

PREFERRED PROCESS:

Batch _____ Continuous _____

HOW DID YOU HEAR ABOUT US?

Thomas Register _____ Buyer's Guide _____

Internet/Search Engine _____ Trade Show _____

Magazine Ad _____ Referral _____

Magazine Article _____ Other _____

Date Material Received: _____



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