

SacMaster® Bag Frame

Application Information

COMPANY: _____ REP FIRM: _____

CONTACT NAME: _____ PHONE: _____

FAX: _____ E-MAIL: _____

STREET: _____

CITY: _____ STATE: _____ ZIP: _____

RSM/ASSISTANT/APPLICATIONS ENGINEER: _____

EQUIPMENT DESTINATION: _____

CUSTOMER'S END PRODUCT: _____

For immediate assistance, contact Schenck AccuRate Sales.

A. CONSTRUCTION FRAME TYPE

FORKLIFT LOAD



MODEL FTL

HOIST AND TROLLEY PACKAGE



MODEL DHL

CUSTOMER HOIST
(less upper bag support)



MODEL CHL

B. BAG SPECIFICATIONS

_____ " SQUARE x _____ " HIGH

_____ " SPOUT LENGTH x _____ " DIAMETER

WEIGHT OF FILLED BAG _____ lbs

LOOP TYPE: 4-corner 4-cross corner Loop length _____ "

DOES BULK BAG HAVE INTERNAL LINER? Yes No

IS LINER ATTACHED? Yes No

C. PRODUCT SPECIFICATIONS

MATERIAL(S) TO BE HANDLED: _____

TEST SAMPLES BEING FURNISHED? () Yes () No *NOTE: If yes, contact Sales Department.*

WEIGHT PER CU.FT. _____ lbs

MATERIAL CHARACTERISTICS: () Dry () Sticky () Powdery () Flaky () Abrasive
() Granular () Hygroscopic () Explosive () Corrosive () Toxic
() Wet () Fluffy () Other: _____

PARTICLE SIZE: Maximum _____ Minimum _____ Moisture Content _____ %

OTHER COMMENTS: _____

D. OPERATION

NUMBER OF BAGS TO BE UNLOADED: _____ per hour

ESTIMATED UNLOADING FLOW RATE: _____ lbs per hour () Continuous
() Batch _____ Size _____ Time

SPECIFY SECONDARY EQUIPMENT TO FOLLOW UNLOADER:

() Feeder () Gain-in-Weight (batching) () Loss-of-Weight (batching) () Screw Conveyor
() Other (please specify): _____

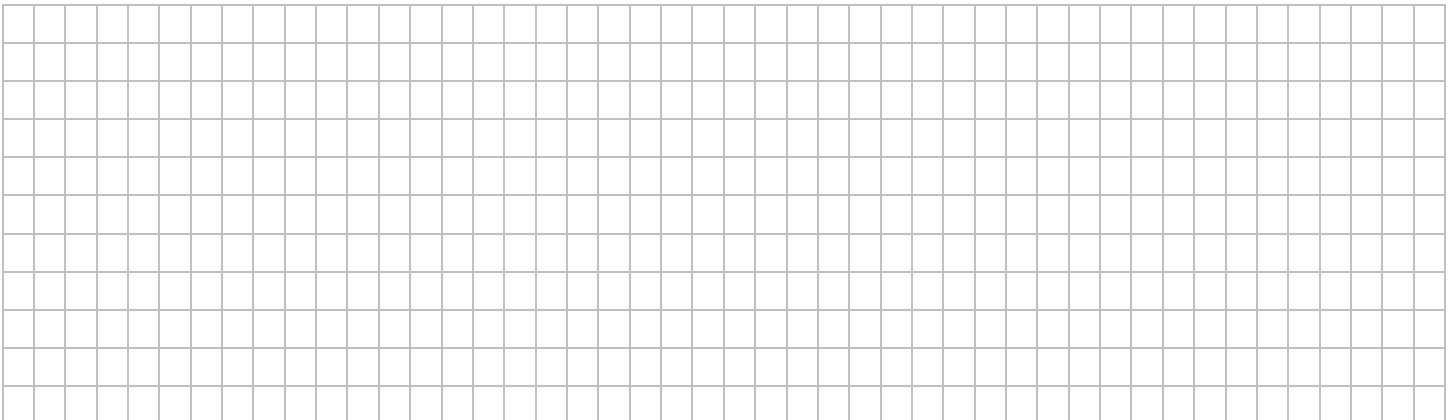
DISCHARGE ELEVATION REQUIREMENT: _____ MAX. CEILING ELEVATION: _____

ARE WE ABLE TO SUPPLY SECONDARY EQUIPMENT? () Yes () No

UNUSUAL OPERATING CONDITIONS (high temperature zone, dirty atmosphere, etc.) _____

BAG STATIONING: () Bag lift other than base of frame

PLEASE PROVIDE A SKETCH OF THE APPLICATION IN THIS AREA



Prepared by: _____

Date: _____