



# VIBRATOR INQUIRY SHEET

Please complete this questionnaire to enable the engineers of The Cleveland Vibrator Company to make an accurate recommendation of the correct type and size of vibrator required to promote the overflow of stubborn materials from your hopper, bin or chute.

## PRODUCT CHARACTERISTICS

Material to be handled (not trade name) \_\_\_\_\_

Particle or mesh size \_\_\_\_\_ Weight per cu. ft. \_\_\_\_\_

Moisture content \_\_\_\_\_ Material temperature \_\_\_\_\_ °F

Material characteristics (granular, powdery, etc.) \_\_\_\_\_

Tendency to pack  Yes  No If yes,  Mild  Severe  Moderate

Will material discharge be  continuous  intermittent?

Is noise an objectionable factor?  Yes  No

NOTE: Make sketch on the other side of this sheet to illustrate unusual bin characteristics.

## BIN, HOPPER OR CHUTE DETAILS

Basic configuration  Rectangular  Conical  Cylindrical  Other \_\_\_\_\_

Construction material  Steel  Aluminum  Concrete  Wood

Capacity of bin (approx.) Volume: cu. ft. \_\_\_\_\_ cu. yd. \_\_\_\_\_ Mass: lbs. \_\_\_\_\_ tons \_\_\_\_\_

Approximate bin dimensions: width or dia. \_\_\_\_\_ height \_\_\_\_\_ length (if chute) \_\_\_\_\_

Bin wall thickness: Gauge \_\_\_\_\_ Inches \_\_\_\_\_

Approx. degree of slope on hopper walls from horizontal \_\_\_\_\_ ° If chute \_\_\_\_\_ ° of decline

Is bin usually full?  Yes  No If no give % of full \_\_\_\_\_

Location:  Outdoors  Indoors  High humidity  Normal

Temperature of immediate area: Maximum \_\_\_\_\_ °F Minimum \_\_\_\_\_ °F

Unusual atmospheric conditions  Dusty  Corrosive  Explosive  Other \_\_\_\_\_

## POWER SUPPLY

Pneumatic \_\_\_\_\_ P.S.I. \_\_\_\_\_ C.F.M. available \_\_\_\_\_

Electric \_\_\_\_\_ Voltage \_\_\_\_\_ Phase \_\_\_\_\_ Cycle \_\_\_\_\_

If this is not a new installation, we will find it helpful to know what other methods have been tried to overcome your problem? \_\_\_\_\_

\_\_\_\_\_

If a vibrator has been used, please advise why it was unsatisfactory: \_\_\_\_\_

\_\_\_\_\_

Company name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_ fax \_\_\_\_\_ email \_\_\_\_\_

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