



Vibratory Table Inquiry Sheet

Please complete this questionnaire to enable our engineers to make an accurate recommendation on the size and type of vibrating table best suited to satisfy your packaging, settling or fatigue-testing problem. **SELECT one of the following:**

FA / FA-O flat deck GT / GT-O grid top VP packer BT belt table SGT shake-out table

Product Characteristics:

Material to be handled (not trade name) _____

Test sample being furnished? (1 cu. ft. req'd) Yes No Return Destroy

Weight per cubic foot _____ lbs. Angle of repose _____

Material characteristics:

Dry Flaky Granular Corrosive Other (specify) _____

Wet Sticky Abrasive Explosive _____

Powdery Fluffy Toxic Hygroscopic _____

Particle size: Maximum _____ Minimum _____ Moisture content _____ %

Operation Requirements:

Type of container (steel drum, carton, etc.) _____

Gross weight to be vibrated _____ lbs.

Net weight to be vibrated _____ lbs.

Approximate percentage increase in density required _____ %

Density before _____ Density after _____

Amplitude required _____ Frequency required _____

Unusual operating conditions (high temp. zone, dirty atmosphere, etc.)

Specify _____

Duty cycle: Continuous _____ hrs. Intermittent: _____ On time _____ Off time

Construction Details:

Type of vibration deck: Flat Perimeter lip for Flat deck Grid top Other _____

Deck size requirements, if any: Length _____ Width _____ Height _____

Minimum height required: Yes _____ No

Isolation medium preferred: Coil springs Air mounts Marsh Mellow mounts Rubber mounts

Roller section requirements, if any: Width _____ Length _____ Height _____ Centers _____ Speed _____ ft/min

Belt requirements, if any: Length _____ Width _____ Height _____ Speed _____ ft/min Adjustable Side Guides

Deck material: Mild steel Stainless Other _____

Shake-Out Screen openings _____ Type Wire cloth Expanded Metal Other _____

Special construction features required: (explosion proof, clamping arrangement, etc.)

Specify: _____

Mount controls for air operated equipment on table? Yes No

Power Supply:

Pneumatic P.S.I. _____ C.F.M. available _____ Supply Controls

Electric Voltage _____ Phase _____ Cycle _____ Supply Controls → STD or Variable Frequency

Company name _____

Address _____ City _____ State _____ Zip _____

Name _____ Title _____

Phone _____ fax _____ email _____