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Our job profile form will be used to define your project needs. Please be as complete as possible. For best results, fax or email your completed form.

## QUESTIONNAIRE

COMPANY \_\_\_\_\_  
FACILITY \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_  
STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
PHONE NUMBER \_\_\_\_\_  
DATE \_\_\_\_\_  
CONTACT \_\_\_\_\_  
TITLE \_\_\_\_\_  
DEPARTMENT \_\_\_\_\_  
FAX NUMBER \_\_\_\_\_  
EXTENSION \_\_\_\_\_

### EXTERNAL INFORMATION

1. Location:  
\_\_\_\_\_ Indoor \_\_\_\_\_ Outdoor \_\_\_\_\_ Split \_\_\_\_\_ Other
2. Height and diameter of container: \_\_\_\_\_
3. Construction Material:  
\_\_\_\_\_ Steel (circle) welded bolted other \_\_\_\_\_  
\_\_\_\_\_ Concrete (circle) slip jump stave other
4. Wall Thickness: \_\_\_\_\_
5. Elevator to the top of container? Yes / No
6. How close can a compressor be located to the base of the container?  
\_\_\_\_\_ feet

7. Does container have stiff arm or other hoist? Yes / No  
Please describe:

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8. Are there drawings or prints of container? Yes / No  
Are they attached? Yes / No

#### INTERNAL INFORMATION

9. Planned storage capacity \_\_\_\_\_ tons

10. Amount of unwanted material buildup \_\_\_\_\_ tons

11. List any instruments inside container: \_\_\_\_\_

12. Liner or Coating Material: \_\_\_\_\_

#### CONTAINER UNLOADING SYSTEM

13. Type of bottom:  
\_\_\_\_\_ Flat \_\_\_\_\_ Cone \_\_\_\_\_ Sloped (degree) \_\_\_\_\_ Other

14. Number of feeders: \_\_\_\_\_ Sizes and shapes: \_\_\_\_\_

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15. Air slides or other fluidizing equipment? Yes / No  
Type: \_\_\_\_\_

16. Type of discharge valves or gates (note size):  
\_\_\_\_\_

17. Describe unloading system: \_\_\_\_\_

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18. Please sketch a drawing that represents the nature of your problem:

19. Condition of non-flowing material (wet, dry, burnt, etc.): \_\_\_\_\_

20. Has the container ever been cleaned? Yes / No

21. How often does it need cleaned? \_\_\_\_\_

Date of last cleaning: \_\_\_\_\_

22. Number of discharge feeders: \_\_\_\_\_ Number clogged:  
\_\_\_\_\_

23. Is there a flow channel established? Yes / No

If Yes, what size? \_\_\_\_\_

24. Name of material: \_\_\_\_\_

Please attach MSDS: \_\_\_\_\_

25. Special handling due:

\_\_\_\_\_ Dust \_\_\_\_\_ Toxic \_\_\_\_\_ Fire \_\_\_\_\_ Other

26. How has container been cleaned out in the past?

\_\_\_\_\_

27. Estimated project start date: \_\_\_\_\_

"Our Job Begins and Ends with our Customer."