



7 Emery Avenue Randolph, NJ 07869

P: 908-688-3600 F: 908-688-6060

Web: <http://www.jaygoinc.com>

CUSTOMER QUESTIONNAIRE

Date: ____/____/____

1. Customer Information

Company Name: _____

Mailing Address: _____

Physical Address: _____

City, State, Zip: _____, _____

Engineering Contact 1: Name: _____

Phone: _____ Ext: _____

Fax: _____

Email: _____

Engineering Contact 2: Name: _____

Phone: _____ Ext: _____

Fax: _____

Email: _____

Purchasing Contact 1: Name: _____

Phone: _____ Ext: _____

Fax: _____

Email: _____

2. Product Information (Bulk Density in Lbs/ft³ or Kg/l)

	Component	% of Batch	Bulk Density	Characteristics
A.	_____	_____	_____	_____
B.	_____	_____	_____	_____
C.	_____	_____	_____	_____
D.	_____	_____	_____	_____
E.	_____	_____	_____	_____

Please give general process description (Mixing/Blending, Drying, Coating, Reaction, etc.....):

Please enter as much information as possible to ensure that the unit quoted will reflect your specifications.

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CUSTOMER: _____

3. Process Details

Desired Batch Size (in cubic feet or liters): _____

Desired Filling Time: _____

Desired Discharge Time: _____

Product Contact Parts (Material of Construction): _____

Internal Finish on Vessel: _____

Design Type (chemical duty, sanitary, sterile or pharmaceutical): _____

MAX. Process Pressure in Vessel: _____

MAX. Design Pressure in Vessel: _____

MAX. Process Temperature in Vessel: _____

MAX. Design Temperature in Vessel: _____

Outlet Type: (Ball Valve, Knife Gate, etc..) _____

Outlet Position: (End or Bottom) _____

Outlet Operation: (manual or pneumatic) _____

MAX. Height Available: _____

Design Code: (if applicable) _____

4. Accessories

A. Heating/Cooling Jacket: _____

 MAX. Process Pressure in Jacket: _____

 MAX. Design Pressure in Jacket: _____

 MAX. Process Temperature in Jacket: _____

 MAX. Design Temperature in Jacket: _____

B. Vacuum Operation: _____

 Inches of Hg: _____

 Is dust filter required? _____

C. Liquid Injection Device: _____

 From top or bottom? _____

 Capacity: _____

 Liquid: _____

 Pressure: _____

 Method of Addition: _____

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4. Accessories (cont.)

D. Cleaning: _____

CIP (Clean in Place) _____

SIP (Sterilize in Place) _____

E. Mounting:

On Load cells _____

On Support Brackets _____

On Skid, as Turnkey System _____

F. Cover Connections

Description	Size	Type	
a. Manway	TBD	mfg	(example)
b. _____	_____	_____	_____
c. _____	_____	_____	_____
d. _____	_____	_____	_____
e. _____	_____	_____	_____
f. _____	_____	_____	_____
g. _____	_____	_____	_____
h. _____	_____	_____	_____
i. _____	_____	_____	_____

G. High Speed Multi-Chopper(s) required for mixing intensification / liquid addition / dispersion?

5. Electrical Equipment

NEMA code for installation area: _____

Motor Type: _____

Motor Voltage, Frequency, Phase: _____ / _____ / _____

Automation requested: _____

Describe Control Station function desired:

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6. Miscellaneous

List any other important factors:

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