



Packaging System Inquiry Data Sheet

Project Name:		Date:	
CUSTOMER/REQUESTER			
Company:		Contact:	
Address:		Phone:	
		Email:	
SALES VALIDATION			
Need: <input type="checkbox"/> Ballpark Price <input type="checkbox"/> Budgetary <input type="checkbox"/> Firm Proposal		Competition:	
Planned Purchase Date:		1.	
Planned Install Date:		2.	
Planned Operational Date:		3.	
MATERIAL 1: _____			
Bulk Density (lb/ft³): Loose: Compacted:		Moisture Content (%):	
Temperature (Degrees F):			
PRODUCT IS:			
<input type="checkbox"/> Free Flowing <input type="checkbox"/> Powder <input type="checkbox"/> Fluidizable <input type="checkbox"/> Cohesive <input type="checkbox"/> Abrasive <input type="checkbox"/> Corrosive			
<input type="checkbox"/> Granular <input type="checkbox"/> Hygroscopic <input type="checkbox"/> Fragile <input type="checkbox"/> Temperature Sensitive <input type="checkbox"/> Other			
CONTAINER:			
Construction: <input type="checkbox"/> Laminate <input type="checkbox"/> Paper <input type="checkbox"/> Poly <input type="checkbox"/> Poly-Woven <input type="checkbox"/> Other			
Type: <input type="checkbox"/> Open Mouth Bag <input type="checkbox"/> Valve Bag <input type="checkbox"/> Gusseted <input type="checkbox"/> Pillow <input type="checkbox"/> Square Bottom <input type="checkbox"/> TBD			
Capacity:		Dimensions:	
MATERIAL 2: _____			
Bulk Density (lb/ft³): Loose: Compacted:		Moisture Content (%):	
Temperature (Degrees F):			
PRODUCT IS:			
<input type="checkbox"/> Free Flowing <input type="checkbox"/> Powder <input type="checkbox"/> Fluidizable <input type="checkbox"/> Cohesive <input type="checkbox"/> Abrasive			
<input type="checkbox"/> Granular <input type="checkbox"/> Hygroscopic <input type="checkbox"/> Fragile <input type="checkbox"/> Temperature Sensitive <input type="checkbox"/> Other			
CONTAINER:			
Construction: <input type="checkbox"/> Laminate <input type="checkbox"/> Paper <input type="checkbox"/> Poly <input type="checkbox"/> Poly-Woven <input type="checkbox"/> Other			
Type: <input type="checkbox"/> Open Mouth Bag <input type="checkbox"/> Valve Bag <input type="checkbox"/> Gusseted <input type="checkbox"/> Pillow <input type="checkbox"/> Square Bottom <input type="checkbox"/> TBD			
Capacity:		Dimensions:	

THE PEOPLE, PARTS AND SYSTEMS THAT KEEP THE LINE MOVING.

SYSTEM	
Accuracy of +/-:	Bagging Lines: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Bagging Rate (Bags/Min):	Frequency (Hr/Day):
Footprint Available:	
Material Source: <input type="checkbox"/> Existing Hopper <input type="checkbox"/> Existing Metering Device (Flex, Trough, Belt, Drag...) <input type="checkbox"/> Other	
Product Contact: <input type="checkbox"/> CS <input type="checkbox"/> 304 S.S. <input type="checkbox"/> 316 S.S	Weld Finish: <input type="checkbox"/> Bead Blasted <input type="checkbox"/> Ra42 Smooth <input type="checkbox"/> Ra42 Ground Flush
Bag Placing: <input type="checkbox"/> Manual <input type="checkbox"/> Automatic <input type="checkbox"/> Robotic (<i>Valve Bag Only</i>)	
Bag Handling Accessories: <input type="checkbox"/> Check Weigher <input type="checkbox"/> Metal Detection <input type="checkbox"/> Bag Reject <input type="checkbox"/> Printer <input type="checkbox"/> Tagging <input type="checkbox"/> Stretch Wrapper <input type="checkbox"/> Other:	
Palletizing: <input type="checkbox"/> Manual <input type="checkbox"/> Robotic <input type="checkbox"/> Conventional <input type="checkbox"/> Slip Sheets <input type="checkbox"/> Pallet Dispenser	Stacking Locations: <input type="checkbox"/> 1 <input type="checkbox"/> 2
BRIEF SYSTEM DESCRIPTION:	
ELECTRICAL	
Enclosure Requirements: <input type="checkbox"/> NEMA 4 <input type="checkbox"/> NEMA 4X <input type="checkbox"/> NEMA 7 <input type="checkbox"/> NEMA 9 <input type="checkbox"/> NEMA 12 <input type="checkbox"/> Other:	
Motor Requirements: <input type="checkbox"/> TEFC <input type="checkbox"/> Mill/Chem Duty <input type="checkbox"/> PE/Inverter Duty <input type="checkbox"/> XP <input type="checkbox"/> Other: Voltage:	
Available Facility Power Supply: <input type="checkbox"/> 460VAC <input type="checkbox"/> 230VAC <input type="checkbox"/> Other:	Control Device Power: <input type="checkbox"/> 24v DC <input type="checkbox"/> 120 VAC <input type="checkbox"/> Other:
System Controls: <input type="checkbox"/> By Magnum Systems <input type="checkbox"/> By Others	Classification / Division: <input type="checkbox"/> Class I, Div. I Group C & D <input type="checkbox"/> Class I, Div. II, Group F & G <input type="checkbox"/> Class II, Div. II, Group C & D <input type="checkbox"/> Class II, Div. II, Group F & G
ENVIRONMENTAL CONDITIONS	
Ambient Temperature:	Relative Humidity: Corrosive:
Altitude:	Seismic Zone:

Always Include Auto Zero

Please attach a sketch or drawing of the system if available.

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