



SILENT
We're The Vibrator Guys.™

FAX: 401-539-2584
PLEASE COMPLETE ALL FIELDS FOR
PROPER TABLE RECOMMENDATION

COMPANY _____
CONTACT NAME _____
ADDRESS _____
PHONE _____ FAX _____
EMAIL _____

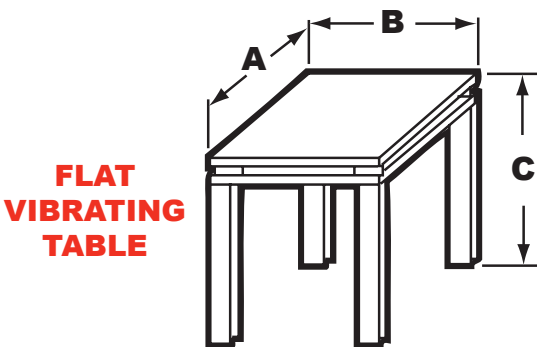
OPERATION

Duty Cycle: Continuous Intermittent On Time Off Time
Vibration to be used for: Packing Settling Testing Other: _____
Type of Container (steel drum, form, carton, etc.): _____
Dimensions of Container: L _____ W _____ D _____
Gross Weight to be vibrated: _____ lbs. Net Weight to be vibrated: _____ lbs.
Frequency Required (if known): _____ VPM
Please provide a description of any unusual operating conditions (high temp, dirty atmosphere, etc.): _____

CONSTRUCTION

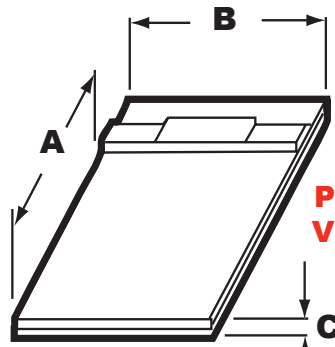
Deck size requirements, if any: Length _____ Width _____ Height _____
Minimum Height Required: Yes No
Isolation Medium Preferred: Rubber Mounts Air Mounts
Type of Vibration Deck: Flat Platform Grid Top (additional info required, contact VIBCO)
Please provide a description of any special construction features required (explosive proof, clamping arrangement, etc): _____

Weigh Feature to Be Used? Yes No



**FLAT
VIBRATING
TABLE**

A _____ ft/m
B _____ ft/m
C _____ ft/m



A _____ ft/m
B _____ ft/m
C _____ ft/m

**PLATFORM
VIBRATING
TABLE**

PLEASE INCLUDE

engineering drawings & digital picture(s) of application and email them to vibrators@vibco.com. Or please include dimensions & notes regarding your application/problems on this form and fax it to 401-539-2584.

PRODUCT

Type of Material (not brand name): _____
Test Sample to Be Furnished (1 cubic foot required): Yes No Return It? Destroy It?
Weight per cubic foot: _____ lbs. Angle of Repose: _____
Material Characteristics: Dry Flaky Granular Corrosive Wet
 Sticky Abrasive Explosive Powdery Fluffy
 Toxic Hygroscopic Other _____
Particle Size: Maximum _____ Minimum _____ Moisture Content _____

POWER AVAILABLE

AIR Volume _____ CFM Pressure at vibrators (not at compressor): _____ PSI
 ELECTRIC Phase _____ Volts _____ Cycles _____ AC _____ DC _____