

Company name: _____

Name and Title: _____

Address: _____ Phone No: _____

Email: _____ Fax No: _____

Customer Id No: _____ Is there an elevator to the top of the container? _____

1. Location of container? Indoor Outdoor
2. Is there an elevator to the top of the container? Yes No
3. Structure of container: Steel Concrete Other: _____
4. Is there a liner, protective lining or coating inside?: Yes No

If yes, please describe:

5. Please provide measurements of the container:

Height from ground level to top floor: _____ Diameter _____ Container height _____

If the container is not round Width: _____ Length _____

Is there a cone - Slope degree of the cone: _____

6. What is the full capacity of the container? _____ (tons)

7.1 Which best describes your company's problem?



7. Please provide number of openings on the top floor, their locations & sizes:

8. Name of material or product: _____ 9. Is material toxic? Yes No

If yes, please describe:

10. Is material explosive? Yes No

If yes, please describe:

11. Please indicate the hardness of the build-up and the force required to loosen the material (please check all hardness of material that apply to you) :

- Shovel Hard Pick Hard Rock Hard
- Light Force Hard Force Sledgehammer Force
- Light Force Hard Force Jackhammer Force

12. How many tons of material have to be removed? _____ (Tons)

13. What is the discharge capacity? _____ (tons per hour)

14. Number of discharge values or gates. (Note size and Type):

15. Are all gates operational?: Yes No

If no, please describe:

16. Are there instruments or other objects inside the container besides material? Yes No

If yes, please describe:

17. What's the distance from the compressor's location to the container's top?

Length of hose required:

18. Estimated project date: _____

19. How many days is the container available for servicing? _____

20. Please provide any additional information you feel we should know: