

Questionnaire Milling

Please complete this questionnaire and send it to your local distributor.

Material data

Exact description of the material

.....

Material properties

- | | | |
|--|--|--------------------------------------|
| <input type="checkbox"/> dry (___ %) | <input type="checkbox"/> moisture (___ %) | <input type="checkbox"/> hygroscopic |
| <input type="checkbox"/> oily/fat (___ %) | <input type="checkbox"/> toxic | <input type="checkbox"/> corrosive |
| <input type="checkbox"/> combustible | <input type="checkbox"/> explosive | <input type="checkbox"/> other |

Maximum feed size

..... (mm)

Specific weight

..... (kg/m³)

Material hardness

..... (mohs)
 (vickers)
 (shore)
 (other)

Temperature sensitivity

..... (°C)

Description of application

Required endfineness

..... (µm/mm)

Required throughput

..... (kg/h)

Grinding type

- dry grinding wet grinding

Method after sample prep.

.....

Remarks

.....

.....

.....

.....

Test grinding

Do you require a test grinding? yes no

Remark:

When you send us your test material, please ensure a proper marking and packaging. If available, please add safety data sheets. Please add the following data to the sample:

Material description

.....

Your company details

.....

Contact at your company

.....

Sender

Company

.....

Department

.....

Title/First & Surname

.....

Street

.....

Postcode/City/Country

.....

Telephone

.....

E-mail

.....

Fax

.....

Date

.....

Form completed by

.....