



## CONTAINER FILLING CHECKLIST

In order to work out what design of machine would best suit your requirements and to give a budget price we need to know the answers to the following questions. Please print this document and complete a separate sheet for every machine that you need. If you have any questions please contact us on 08453 451603.

Once complete please fax this form to **08453 451604**

**Company name**

**Address**

**Name**

**Telephone**

**Position**

**Fax**

**Email**

**LIQUID** – please give details for all the liquids to be filled with this machine

	A	B	C
<b>Name</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Concentration %</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Viscosity cP or similar to:-</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Specify Gravity</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Filling Temperature</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Does the liquid foam when filling?</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**CONTAINERS** - please give details for all the containers to be filled.

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A	B	C
<b>Capacity (Litres)</b>		
<b>Container material of construction</b>		
<b>Containers bung size or open top</b>		
<b>Has the containers got a vent?</b>		
Yes/No	Yes/No	Yes/No
<b>Is the container lined?</b>		
Yes/No	Yes/No	Yes/No
<b>Lining Material</b>		
<b>Position of bung</b>		
<b>Height (mm)</b>		
<b>Diameter (mm)</b>		
<b>Width/Length (mm)</b>		
<b>Tare Weight (kgs)</b>		

**PRODUCTION REQUIREMENTS**

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A	B	C	D
<b>Containers to be filled per hour</b>			
<b>Containers filled on</b>			
Conveyor / Pallet	Conveyor / Pallet	Conveyor / Pallet	Conveyor / Pallet

**Filling Rate (litres per minute)**

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**Filling rate (kgs per minute)**

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**If on pallet, multi layer?**

Yes / No	Yes / No	Yes / No	Yes / No
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**No. of containers per pallet**

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**Pallet length**

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**Pallet width**

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**Pallet tare weight**

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**Liquid line, gravity or pump pressure - bar**

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**Liquid line pressure - bar**

0 – 0.5 / 0.5 – 1.5 1.5 – 4 / 4 - 10	0 – 0.5 / 0.5 – 1.5 1.5 – 4 / 4 - 10	0 – 0.5 / 0.5 – 1.5 1.5 – 4 / 4 - 10	0 – 0.5 / 0.5 – 1.5 1.5 – 4 / 4 - 10
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**Accuracy required**

0.5% / 0.5 – 2%	0.5% / 0.5 – 2%	0.5% / 0.5 – 2%	0.5% / 0.5 – 2%
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**Other**

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**Preferred measuring method**

Volume / Mass Weight / Level	Volume / Mass Weight / Level	Volume / Mass Weight / Level	Volume / Mass Weight / Level
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**Do you need weights and measures approval**

Yes / No	Yes / No	Yes / No	Yes / No
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**Do you need overfill protection?**

Yes / No	Yes / No	Yes / No	Yes / No
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**Filling area safety classification**

Safe Area / Zone 1 Zone 2 / Dust Haz	Safe Area / Zone 1 Zone 2 / Dust Haz	Safe Area / Zone 1 Zone 2 / Dust Haz	Safe Area / Zone 1 Zone 2 / Dust Haz
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**Other**

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**If zoned – Distance to nearest safe area if available**

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**SERVICES AVAILABLE**

	A	B	C	D
<b>Air pressure at</b>	> 6bar	> 6bar	> 6bar	> 6bar
<b>Electricity</b>	110V / 240V / 415V	110V / 240V / 415V	110V / 240V / 415V	110V / 240V / 415V
<b>Fume extract</b>				
<b>Other</b>				

**MATERIALS OF CONSTRUCTION**

Welded parts – 316ss / UPVC / PTFE / Nitrile / Vitron / Kalrez  
Non Welded – Painted Steel / Galvanised Steel / Stainless Steel / Aluminium

**Welded Parts**

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**Non Welded Parts**

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**GENERAL REQUIREMENTS**

**Are there space limitation?**

Yes / No
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**Other limitations?**

**Any other comments?**

Thank you for completing this checklist, now please fax this form to **08453 451604**