



Air Knife Evaluation Guide

Name: _____ Title: _____ Date: _____

Company: _____

Street: _____

City: _____ State: _____ Zip: _____ Country: _____

Telephone: _____ Ext: _____ Fax: _____

1. Describe the product to be dried: _____

2. Product Dimensions: L: _____ W: _____ Ht: _____ Wt: _____
3. Product Finish: • Smooth Surface • Textured • Holes • Pockets • Other: _____
4. How is your product transported? _____
5. Conveyor Type: • Roller • Belt • Chain • Overhead • Hoist
6. Please describe belt style or belt MFG and belt #: _____
7. Conveyor Speed (ft/min.) _____ Conveyor Width _____ Conveyor Height from Floor _____
8. Material to be removed from product? _____
9. Product Temperature _____ C/F Material Viscosity _____
10. What happens to the product after it passes through the airknife system? _____

11. What quality problems now result from inadequate drying? _____
12. Please describe present drying system: _____
13. Please define drying requirements: _____
14. Plant Conditions: Temp _____ Altitude _____ Will blower be exposed to water spray _____
Dirt/Debris _____ Other _____
15. Is a part available for testing? _____ Y/N

Please return to Combined Fluid Products Company

Email: sales@cfpco.com

Fax: 847-540-0513