

# MONOBLOC QUESTIONNAIRE

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Person to contact: \_\_\_\_\_

Title: \_\_\_\_\_

FILAMATIC® Representative: \_\_\_\_\_

**1. Please check the operations required:**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Unscrambling            | <input type="checkbox"/> Stoppering               | <input type="checkbox"/> Aluminum Overcap & Crimp |
| <input type="checkbox"/> Tray Unloading (Single) | <input type="checkbox"/> Plugging                 | <input type="checkbox"/> Accumulating             |
| <input type="checkbox"/> Tray Unloading (Double) | <input type="checkbox"/> Screw Capping            | <input type="checkbox"/> Tray Loading (Single)    |
| <input type="checkbox"/> Powder Filling          | <input type="checkbox"/> Eye Dropper Insert & Cap | <input type="checkbox"/> Tray Loading (Double)    |
| <input type="checkbox"/> Liquid Filling          |   |   |

**2. Please check which of the following materials are compatible with the products to be dispensed:**

- |   |                                 |                                       |
|---|---------------------------------|---------------------------------------|
| <input type="checkbox"/> Type 316 Stainless Steel | <input type="checkbox"/> KEL-F  | <input type="checkbox"/> Polyethylene |
| <input type="checkbox"/> Glass                    | <input type="checkbox"/> PVC    | <input type="checkbox"/> Ceramic      |
| <input type="checkbox"/> Monel                    | <input type="checkbox"/> Teflon | <input type="checkbox"/> Sapphire     |
| <input type="checkbox"/> Kynar                    |                                 |                                       |

**3. Construction required:**  Painted Frame & Stainless Steel Panels  Stainless Steel Frame & Panels

**4. Electrical requirement:** Voltage \_\_\_\_\_ Cycles \_\_\_\_\_ Phases \_\_\_\_\_

**5. Compressed air available?**  Yes  No **If so, available CFM?** \_\_\_\_\_ **PSI?** \_\_\_\_\_

**6. Will this machine be used in hazardous atmospheres?**  Yes  No **Air**  **or electrical**  **preferred?**

**7. Will this machine be used in a laminar flow environment?**  Yes  No

**Maximum length of machine permissible?** \_\_\_\_\_ **Width?** \_\_\_\_\_ **Height?** \_\_\_\_\_

**8. Liquid Filling:**

Liquid Product	Fill Volume (cc)	Fill Temperature (°F)	Fill Accuracy Required	Fill Rate Required per Minute

**9. Is this product flammable or combustible?**  Yes  No **What is the solvent used for cleanup?** \_\_\_\_\_

**Is the solvent flammable or combustible?**  Yes  No **Is this an injectable liquid?**  Yes  No

**Do you require final filtering prior to filling?**  Yes  No **If yes, what size particle retention is required?** \_\_\_\_\_

**What is the distance from reservoir discharge to filling machine intake?** \_\_\_\_\_ **What is the maximum vertical**

**distance from floor to reservoir level?** \_\_\_\_\_ **Is product supply under pressure?**  Yes  No

**If yes, please indicate PSI.** \_\_\_\_\_



**10. Powder Filling:**

Powder Product	Size Fill (Grams)	Micron Size	Hydroscopic	Fill Accuracy Required	Fill Rate Required per Minute

**11. Container Characteristics:**

Shape	Height	O.D.	I.D. of Neck	Material

**12. Stoppering:**

Diameter	Height	Full Depth	Lypho

**13. Plugging:**

Diameter	Height

**14. Aluminum Cap and Crimp:**

Diameter	Height

**15. Screw Capping:**

Cap Diameter	Cap Height	Cap Shape Descr.	Cap Release Torque Req'd (inch/#)

**16. Eye Dropper Insert & Cap:**

Cap Diameter	Cap Height	Cap Shape Descr.	Cap Release Torque Req'd (inch/#)

**17. Are bulk supply parts feeders required to feed bowls? \_\_\_\_\_ If so, what is the time interval required between hopper refills? \_\_\_\_\_ minutes. What is the ceiling height where the parts feeders will be installed? \_\_\_\_\_ ft.**

**18. Delivery required:** \_\_\_\_\_

**19. Additional comments:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**20. For a no cost, no obligation recommendation and proposal, please contact our Technical Sales Dept. at (800) 526-1301, or fax them at (410) 764-7719. They will discuss your application with you and will indicate the quantity of product and containers we will require for testing. In addition, please send the MSDS for an acceptance number before sending the sample. If an MSDS is not available, call our Safety Director at (800) 526-1301 or (410) 764-0900.**

Thank you for selecting National Instrument Company to assist you with your packaging machinery needs!