



449 Route 31 _ P.O. Box 246
Ringoes, New Jersey 08551
PH: (609) 466-1900 / FX: (609) 466-3608
E-Mail: info@hed.com / www.hed.com

KILN QUESTIONNAIRE

Company Information

- A. Company Name: _____ Date: _____
- B. Contact: _____
- C. Address: _____
- D. City: _____
- E. State: _____ Postal Code: _____ Country: _____
- F. Telephone: _____ Fax: _____
- G. E-mail: _____ Website: _____

Materials To Be Processed

- A. Chemical Make Up: _____
- B. Mesh: _____
- C. Density (Fired) : _____ / (Unfired) : _____
- D. % Moisture: _____
- E. Feed Material Temperature: _____
- F. PCE of Material: _____
- G. Lbs/Hr Unfired: _____ Product Setting Dimensions Required: _____
- H. Product Furniture Description: _____
- I. Any known reaction at temperature with metals, fused quartz, mullite, SiC: _____

Process Conditions

- Batch or Continuous Process? _____
- A. Max. Process Temperature: _____ Max. Heat-Up Rate: _____ Max. Cool-Down Rate: _____
- B. Retention Time to Complete Process Reaction (Soak Period) : _____
- C. Atmosphere Considerations: YES _____ NO _____; If YES, What type? _____
- D. Zoning Required: YES _____ NO _____; If YES, At what temperatures? _____
- E. Cooling of Discharged Materials: YES _____ NO _____; If YES, What is discharge time required? _____
- F. Equipment to operate Hrs/Day: _____; Days/Wk: _____; Wks/Year: _____
- G. Number of Cars/Beds/Tables: _____

Power Source

- A. Gas - Natural Gas _____ Heat Content _____; Other _____
- B. Liquid Fuel _____
- C. Electric - Volts _____; Phase _____; Hz _____
- D. Type Safety System - NFPA _____; FM _____; Other _____

Controls

- A. MFG Preference: _____
- B. Number of Control Zone(s) : _____
- C. Programmable or Set Point Control: _____
- D. Purge By-Pass Control: YES _____ NO _____
- E. Recorder - Type: _____ / # Points: _____
- F. PLC/Touchscreen/Data Acquisition Software: _____
- G. UPS & Standby Generator Back-Up Power Supply: YES _____ NO _____



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Atmosphere Equipment Required

- A. Flow Controls: YES _____ NO _____ Type of Atmosphere _____
- B. Auto/Safety Controls Mfg. Preference: _____
- C. Atmosphere Generating Equipment: YES _____ NO _____
- D. Waste Gas Treatment: YES _____ NO _____
- E. Preheated Air: YES _____ NO _____
- F. Oxygen Enrichment: YES _____ NO _____

Related Equipment Required

- A. Feeder: YES _____ NO _____ TYPE: _____
- B. Feed Hopper: YES _____ NO _____ CAPACITY: _____
- C. Cooler: YES _____ NO _____;TYPE: Air _____ or Water _____
- D. Discharge Hopper: YES _____ NO _____ CAPACITY: _____
- E. Car Transfer System: YES _____ NO _____ Material Handling: YES _____ NO _____
- F. Auxiliary Dryer Capability: YES _____ NO _____

Please describe any detail needs for your process and any special requirements. _____

Please return this form to HED International, Inc. via fax to 609 466-3608 or e-mail.