

CUSTOMER INFORMATION

CONTACT: _____
 COMPANY: _____
 PHONE: _____
 EMAIL: _____

CONTAINER TYPE & SIZE

HDD WORKS WITH STANDARD 55- AND 30-GALLON PLASTIC, STEEL, AND FIBER DRUMS. IF YOU WOULD LIKE TO DUMP A DIFFERENT CONTAINER, PLEASE SPECIFY SIZE:

LENGTH: _____ WIDTH: _____
 HEIGHT: _____ DIAMETER: _____
 IF YOU PLAN TO USE A DOLLY WITH YOUR DRUMS, PLEASE SPECIFY OVERALL SIZE OF DOLLY:
 LENGTH: _____ WIDTH: _____
 HEIGHT: _____ DIAMETER: _____

STANDARD FEATURES

DESCRIPTION (CIRCLE ONE):	PORTABLE		STATIONARY	
DUMP HEIGHT (CIRCLE ONE):	36"	48"	60"	72"
CAPACITY (CIRCLE ONE):	750 LBS.	1,000 LBS.	1,500 LBS	

OPTIONS (LIST ALL THAT APPLY)

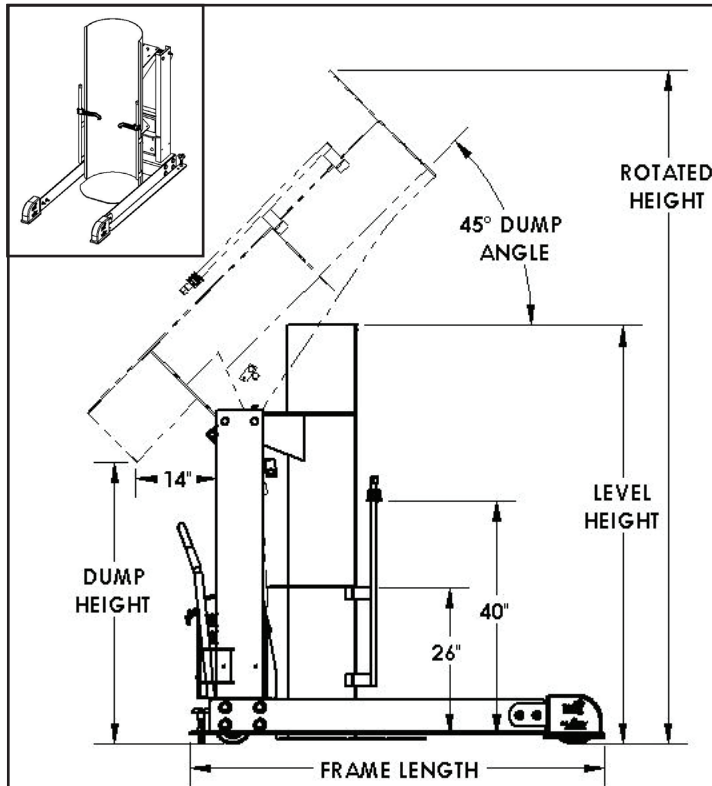
SPECIAL CHUTE REACH (STD. 14") _____
 SPECIAL DUMP HEIGHT: _____
 SPECIAL CAPACITY: _____
 SPECIAL HOLD DOWN FINGER HEIGHT: _____
 SPECIAL COLOR: _____
 STAINLESS STEEL CHUTE***: _____
 FDA WHITE POWDER COAT FRAME: _____
 "STEEL IT" PAINT FRAME: _____
 5-GALLON PAIL ADAPTOR FINGERS: _____

*** 304 SS MILL FINISH STANDARD. PLEASE SPECIFY IF A DIFFERENT FINISH IS REQUIRED.

POWER (150V, 1 PHASE STANDARD) IF CUSTOM, INDICATE BELOW

___ A/C: ___ 110V ___ 220V ___ 460V ___ OTHER
 ___ 12V D/C (115V ON-BOARD BATTERY CHARGER INCLUDED)
 ___ ROTARY AIR / HYDRAULIC (80 CFM @ 80 PSI, 1/2 GPM)
 CONTROLS: ___ HAND ___ FOOT ___ AUTOMATED
 POWER UNIT: ___ EXTERNAL ___ INTERNAL (STANDARD)
 IF EXTERNAL, LENGTH OF CORDS (8' STD): _____
 IF ANY OTHER SPECIAL POWER OR CONTROLS ARE REQUIRED, PLEASE INDICATE: _____

HDD DRUM DUMPER SURVEY SHEET



VESTIL
 MANUFACTURING
 2999 N. WAYNE ST.
 ANGOLA, IN 46703
 Ph: 260-665-7586
 Fax: 260-665-1339

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 info@vestil.com

Is this a repeat quote or repeat order? If yes, please indicate
 Prev. Quote No.: _____ Prev. Order No.: _____

___ SINGLE PHASE ___ THREE PHASE
 ___ RECIPROCATING AIR / HYDRAULIC (15 CFM @ 100 PSI, 1/4 GPM)

APPLICATION INFORMATION

DUTY CYCLE: _____ STARTS PER HOUR: _____ HOURS PER SHIFT: _____
 SHIFTS PER DAY: _____ DAYS PER WEEK: _____
 DUTY CYCLE IS CALCULATED BY STARTS PER HOUR OR NUMBER OF TIMES "UP" BUTTON IS PUSHED. JOGGING (BOUNCING OF CHUTE) IS NOT RECOMMENDED.
 ANTICIPATED CYCLE TIME: _____
 SPECIAL TEMPERATURE REQUIREMENTS: _____
 ARE THERE OVERHEAD HEIGHT RESTRICTIONS? _____
 IS THIS A HAZARDOUS LOCATION? IF YES: CLASS: _____ DIV: _____ GROUP: _____
 OTHER SPECIAL REQUESTS OR APPLICATION INFORMATION: _____