

HAZEMAG Test Plant – Uniontown, PA

TEST PROGRAM RAW MATERIAL & PROCESS DATA SHEET

To assist us in putting together the appropriate test program, please provide as much information as possible. A copy of this form should be faxed to: **HAZEMAG Testing Department / 724-439-3514**. You may also email this file to: **info@hazemag.com**

CUSTOMER NAME AND ADDRESS:	Address:
Contact Person: _____	_____
Telephone Number: _____	_____
Fax Number: _____	_____
E-mail Address: _____	_____

TESTING MATERIAL DETAILS

Origin:
Gravel _____ Quarry _____
Other (explain) _____
Is the rock wet? _____
What is the moisture content? _____ %

PROPERTIES

PHYSICAL (if known):
Compressive Strength _____

CHEMICAL (if known):
SiO₂ _____ % MgO _____ % CaCO₃ _____ %

CRUSHING REQUIREMENTS:

Capacity of feed per hour: _____ TPH
Feed Size(s) required: _____
Has feed material been pre-crushed? _____
If so, in what type of crusher? _____
Can proposed crusher be operated in closed circuit? _____
Method intended of feeding proposed crusher? _____



SCOPE OF QUOTATION:

Bare Shaft Crusher only? _____
Crusher plus Drive Arrangement? _____
Other? (please elaborate) _____



OTHER INFORMATION:

