INFORMATION NORMALLY REQUIRED TO MAKE
MOLYBDENUM DISILICIDE ELEMENT RECOMMENDATIONS

DESCRIBE FURNACE OR KILN: ______________________________________________________

DESCRIBE PROCESS: __________________________________________________________________

NORMAL OPERATING TEMP. _______________ MAXIMUM DESIGN TEMP. ________________

ATMOSPHERE: ______________________________________________________________________

OPERATION: CONTINUOUS - OR - BATCH ______________________________________________

FIRING CYCLE: HEAT UP TIME to TEMP: __________ SOAK TIME @ TEMPERATURE: __________

PLEASE PROVIDE DIMENSIONED SKETCH FOR LOAD, HOT CHAMBER AND DOOR LOCATION

LOAD DIMENSION: (LENGTH x WIDTH x HEIGHT): _______________________________________

HOT CHAMBER DIMENSION (LENGTH x WIDTH x HEIGHT): ________________________________

WALL THICKNESS and COMPOSITION: _________________________________________________

TEMPERATURE UNIFORMITY REQUIRED: ______________________________________________

WILL ATMOSPHERE BE CONTAINED IN MUFFLE? _________________________________________

MUFFLE COMPOSITION: __________________________________________________________________

IF CONTINUOUS, HOW IS MATERIAL TRANSPORTED THROUGH KILN? _______________________

WEIGHT OF MATERIAL TO BE HEATED PER HOUR _________________________________

WILL ANY VOLATILES BE GIVEN OFF DURING FIRING? ________________________________

ESTIMATED POWER REQUIRED KW/HR: _______________________________________________

INCOMING VOLTAGE: __________ MAXIMUM AMPS AVAILABLE: _________________________

SINGLE PHASE OR THREE PHASE: ____________________________________________________

METHOD OF POWER CONTROL, Zero Cross SCR, phase angle? _____________________________

HOW MANY ZONES OF TEMPERATURE CONTROL? __________________________________________

IS MULTIPLE TAP TRANSFORMER AVAILABLE? __________________________________________

RATED KW: ____________________ 1 OR 3 PHASE _____________________________

MAXIMUM SECONDARY AMPERES & VOLTAGE TAPS: _____________________________________

CONTACT NAME: ________________________________________________________________

COMPANY: _______________________________________________________________________

ADDRESS: _______________________________________________________________________

TELEPHONE: (_____ ) ___________________________________ FAX (_____ ) _______________