INDICIZER APPLICATION DATA SHEET

CONTACT NAME _____ **COMPANY NAME** _____

TELEPHONE _____ **ADDRESS** _____

FAX _____ _____

EMAIL _____ _____

WHAT IS THE SIZE OF YOUR COMPANY

☐ 1-25 ☐ 26-50 ☐ 51-100 ☐ 100 +

ARE YOU CURRENTLY DOING IN-HOUSE TESTING

☐ YES ☐ NO

HOW OFTEN _____

YOUR AREAS OF RESPONSIBILITY

☐ DEVELOPING NEW FORMULATIONS
☐ PREQUALIFYING RAW MATERIALS
☐ TROUBLESHOOTING PROCESSES
☐ QUALITY CONTROL/PRODUCT CONSISTENCY
☐ EQUIPMENT DESIGN
☐ OTHER _____
☐ OTHER _____

IF SO, WHAT TESTS DO YOU PERFORM

☐ SHEAR CELL ☐ FRICTION ANGLES
☐ TABLET STRENGTH ☐ COHESIVENESS
☐ FLOWABITLTY ☐ DEGRADATION
☐ PARTICLE SIZE ☐ DENSITY
☐ SEGREGATION
☐ OTHER _____
☐ OTHER _____

WHERE DID YOU HEAR ABOUT US

☐ PERIODICAL ☐ REFERRAL
☐ FORMER DBT/JRJ CLIENT ☐ WEB SEARCH

HAVE YOU VISITED THE WEBSITE

☐ YES ☐ NO

HAVE YOU READ THE APPLICATION GUIDE

☐ YES ☐ NO

DESCRIBE YOUR MATERIAL (CHECK ALL THAT APPLY)

☐ FINE ☐ COARSE ☐ HYGROSCOPIC ☐ CORROSIVE
☐ SPRINGY ☐ FLAMMABLE ☐ COHESIVE

PARTICLE SIZE _____

OF COMPONENTS _____

LIST THE PROBLEMS THAT YOU FREQUENTLY EXPERIENCE (CHECK ALL THAT APPLY)

☐ SEGREGATION ☐ ARCHING ☐ RATHOLING ☐ CAKING
☐ LIMITING FLOW RATES ☐ FLOODING/FLUSHING ☐ MOISTURE CONTENT ☐ CHUTE BUILD UP
☐ OTHER (DESCRIBE) _____

LIST THE PROCESSES THAT YOU USE (CHECK ALL THAT APPLY)

☐ TABLETING ☐ CAPSULE FILLING ☐ PACKAGE FILLING ☐ BLENDING
☐ ROLL PRESSING ☐ PNEUMATIC CONVEYING ☐ DRYING ☐ BRIQUETTING
☐ OTHER (DESCRIBE) _____

PLEAE FAX BACK THIS FORM TO JOHANSON INNOVATIONS @ (805) 783-7393