Application questionnaire

Customer data

Please fill in your address or attach business card

name: _____

company: _____

street: _____

city: _____

country: _____

phone: _____

fax: _____

e-mail: _____

internet: _____

Application

Application: _____

Description: _____

_____

_____

Operational data

volume flow [ml/min]: _____   tolerance of the volume flow [%]: _____

dosage volume [µl]: _____   tolerance of dosage volume [%]: _____

pressure [bar]: _____   suction pressure [bar]: _____

Fluid

fluid: _____

concentration [% vol]: _____   specific weight [g/cm³]: _____

viscosity [mPas]: _____

temperature of fluid (min/max) [°C]: _____

Does the fluid contain solid particles [% vol, size, hardness]: _____

_____

ambient temperature [°C]: _____

Does the fluid tend to crystallize? _____

_____

According to your experience, which materials are resistant against the fluid or are planned for tubes, containers, fittings etc.?

_____

Operating conditions

working time per day [h]: _____   connecting frequency [%]: _____

life span [h]: _____

Which regulations have to be met?

_____

Drive

What kind of motor is preferred? _____

Is a motor controller needed? _____

Which interface is preferred? _____

Number of pieces

How many pieces are planned per year? _____

Planned entry date: _____

Comments

_____

_____

_____

_____

_____

_____

_____

_____