

FORM FOR VACUUM CLEANER

Date: __/__/__

Ref. system: _____

| | | | |
|--|--|-----------------|--|
| Company: | | | |
| Address: | | | |
| Phone: | | Fax: | |
| E-Mail: | | Website: | |
| Contact Person: | | Contact Number: | |
| Short description of Application: | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Product: | | | |
| (Specify if it is DUST/Dust+ liquids/LIQUIDS) | | | |
| Product Features : <input type="checkbox"/> Toxic <input type="checkbox"/> Corrosive <input type="checkbox"/> Abrasive <input type="checkbox"/> Hygroscopic <input type="checkbox"/> Flammable <input type="checkbox"/> Other | | | |
| Quantity of Product sucked each day or per hour –specify: | | | |
| Tank Capacity: | | | |
| Power (KW): | | | |
| Version: <input type="checkbox"/> Painted <input type="checkbox"/> Tank in SS <input type="checkbox"/> Tank & Filter Chamber in SS <input type="checkbox"/> Completely in SS | | | |
| Hepa Filter: <input type="checkbox"/> Required <input type="checkbox"/> Not Required | | | |
| Working Area: <input type="checkbox"/> NON ATEX <input type="checkbox"/> Zone ATEX 22 <input type="checkbox"/> Zone ATEX 21 <input type="checkbox"/> Zone ATEX 20 <input type="checkbox"/> Zone ATEX 2 <input type="checkbox"/> Zone ATEX 1 <input type="checkbox"/> Zone ATEX 0 | | | |
| Sector of Application: <input type="checkbox"/> Mechanical <input type="checkbox"/> Food <input type="checkbox"/> Pharmaceutical <input type="checkbox"/> General cleaning <input type="checkbox"/> Other <input type="checkbox"/> Chemical | | | |
| Accessories Required: <input type="checkbox"/> General Cleaning <input type="checkbox"/> Cleaning on Processing Machines <input type="checkbox"/> Over Head Duct Cleaning <input type="checkbox"/> Special accessories required/ antistatic /pharma sector :please specify : | | | |