

Questionnaire

Membrane filtration plant

Customer / end user:			Inquiry no. (Filled in by MMS)		
Address:					
Contact Person:		Tel:	Fax:	E-Mail	
Process: <input type="checkbox"/> RO <input type="checkbox"/> NF <input type="checkbox"/> UF <input type="checkbox"/> MF					
Feed type: _____ Feed capacity: _____ kg/h <input type="checkbox"/> g/l TS Total solids <input type="checkbox"/> pH <input type="checkbox"/> °C temperature Other things to know about feed			Aim of the process <input type="checkbox"/> Concentrate <input type="checkbox"/> Clarify <input type="checkbox"/> Fractionate Details		
Production time (excl. cleaning): <input type="checkbox"/> h/day					
Use of permeate:			Use of retentate:		
Scope of quotation <input type="checkbox"/> Membrane filtration plant only <input type="checkbox"/> Pre-treatment included <input type="checkbox"/> Post-treatment included			Automation <input type="checkbox"/> Manual control <input type="checkbox"/> Automatic, local panel <input type="checkbox"/> Automatic, control room		
Additional information:			Planned Start-up Date		
Filled in by:			Date:		