

Questionnaire Cleaning

Please complete the following information, so a preliminary quotation can be generated.

Company name: _____
Address: _____
City: _____
Country: _____
Phone: _____
E-mail: _____
Contact person: _____
Profession: _____

1. Type:

Vessel () Tub () Drum ()

2. Specifications of the vessel/tub/drum:

Internal diameter range: _____ Internal height range: _____

Bottom outlet: Yes () / No ()

- If yes, on the side or centre: _____

- Type of bottom (inclined, fully flat, dished etc.):

- Additional information:

3. Type of wash medium:

- In use now:

- Requested in the future:

4. Explosion proof:

Explosion proof? Yes () / No ()

- If yes, Zone / Division:

5. Switchboard:

- Distance switchboard to washing machine:
