

Questionnaire Filling

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

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

1. **Explosion proof:**

Explosion proof? Yes () / No ()

- If yes, Zone / Division:

2. **Component(s):**

- Type of material:

- Viscosity:

- Specific gravity:

Foaming: Yes () / No ()

Air-bubbles: Yes () / No ()

Granulates: Yes () / No ()

- Additional information:

3. **Storage of the component(s):**

- Size of the storage tank:

- Distance between storage tank- / filling installation:

- Pump and/or filter present or required:

4. Filling procedure:

- Type of packaging (bottle, tin can, etc.):

- Filling volumes:

- Dimensions:

- Size of fill opening:

- Required number of fillings per minute:

- Number of different products:

- Required accuracy (in gr):

- Additional information:

5. Closing procedure:

- Type of lid/cap (pressing lid, pushing cap, screw cap, etc.):

Manual lid placing () / Automatic lid placing ()

Manual lid closing () / Automatic lid closing ()

6. Specific features:

Feed conveyor: Yes () / No ()

Discharge conveyor: Yes () / No ()

7. Additional information:

- Type of solvent:

- Stainless steel quality:

- Filter:

- Available space:
