

FORM FOR VACUUM CLEANER

Date: __/__/__

Ref. system: _____

Company:			
Address:			
Phone:		Fax:	
E-Mail:		Website:	
Contact Person:		Contact Number:	
<i>Short description of Application:</i>			
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 :			