

Tank Cleaning Inquiry Sheet

Thank you for your inquiry for Tank Cleaning Nozzles. By taking a few moments to fill out this sheet, you will allow us to recommend the most applicable configuration for your application in the shortest amount of time possible. Please fill out the form as completely as possible. For variables that are not yet determined, please indicate a range of acceptable values.

Contact Information:

Company Name:			
Contact Name:		Email:	
Address:		Phone:	
		Fax:	
Job/Reference #:			

Is this application CIP ? Sanitary ?

What cleaning level is required? High Impact Cleaning Cleaning Rinsing Sterilization

Process Conditions:

Process Material To Be Cleaned:			
Product Temperature Max / Min		<input type="checkbox"/> °F	<input type="checkbox"/> °C
State:	<input type="checkbox"/> Solid	<input type="checkbox"/> Liquid	<input type="checkbox"/> Dust <input type="checkbox"/> Hardened <input type="checkbox"/> Residue <input type="checkbox"/> Viscous
Please list any potential hazards that the process fluid may pose to the nozzle (chemical or abrasive):			

Nozzle Information:

Preferred Nozzle Material:	<input type="checkbox"/> Stainless Steel <input type="checkbox"/> PTFE (Teflon™) <input type="checkbox"/> Other _____
Nozzle Type:	<input type="checkbox"/> Stationary <input type="checkbox"/> Rotating <input type="checkbox"/> Geared <input type="checkbox"/> Please Recommend
Connection Size and Type:	<input type="checkbox"/> Weld On <input type="checkbox"/> Clip On <input type="checkbox"/> Threaded
Nozzles Per Tank:	
Optimization:	<input type="checkbox"/> Minimize fluid usage <input type="checkbox"/> Minimize cycle time

Applications Engineering Department

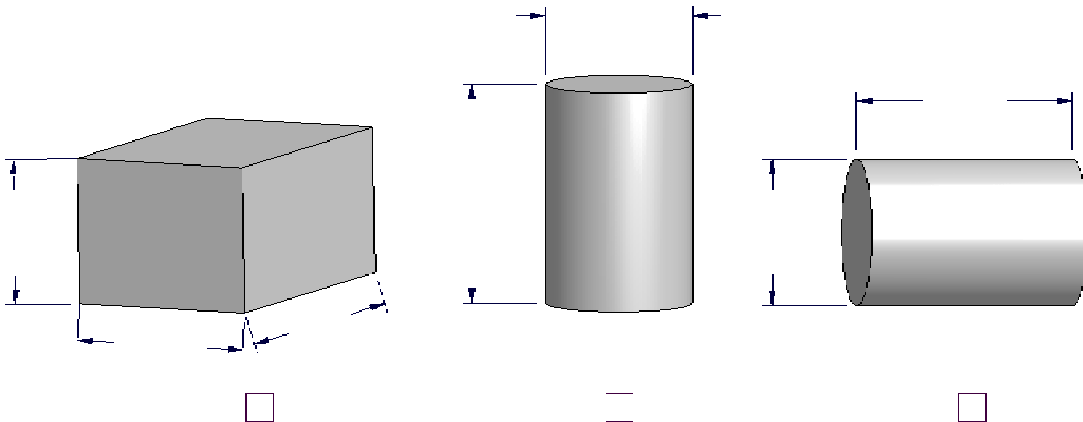
Cleaning Fluid / Cycle Information (as applicable):

Wash Stage	Cleaning Fluid	Stage Time	Fluid Temperature	Fluid Pressure	Flow Rate
		hr / min / sec	°F / °C	psi / bar / kPa	gpm / L/min
Pre Rinse					
Main Wash					
Rinse					
Sanitize					
Other					
Cleaning Cycle Frequency (e.g., once per day, once per hour)					
Will the cleaning fluid be recycled?		<input type="checkbox"/> No <input type="checkbox"/> Yes			
Will the recycled fluid be filtered?		<input type="checkbox"/> No <input type="checkbox"/> Yes, to a particle size of:			
Please list any potential hazards that the cleaning fluid(s) may pose to the nozzle (chemical or abrasive):					

Tank Information:

Operating Fluid Level 1:	<input type="checkbox"/> Inches <input type="checkbox"/> mm From <input type="checkbox"/> Top <input type="checkbox"/> Bottom
Operating Fluid Level 2:	<input type="checkbox"/> Inches <input type="checkbox"/> mm From <input type="checkbox"/> Top <input type="checkbox"/> Bottom
Surfaces To Be Cleaned:	<input type="checkbox"/> Top <input type="checkbox"/> Bottom <input type="checkbox"/> Walls <input type="checkbox"/> Internal components
Tank Material:	

Please indicate your tank configuration and fill in the dimensions in Inches mm Other _____
(or use sketch on next page)



Sketch Sheet

Please provide a basic sketch of the tank, including the following items:

- Basic dimensions
- Liquid levels
- Location, number, and size of nozzle access points
- Interior obstructions (agitators, mixers, baffles, etc.)
- Any other information that will assist us in selecting the best arrangement for your application

