



# Technical Consultation Sheet

Date: \_\_\_\_\_,

Customer Information			
Company		<input type="checkbox"/> End user <input type="checkbox"/> OEM Engineering <input type="checkbox"/> Trading	
Contact Person		Position	
Tel		Fax	
Company Web		E-mail	
Project Information			
Product&Liquid Name			
Component	A. _____ ppm	E. _____ ppm	
	B. _____ ppm	F. _____ ppm	
	C. _____ ppm	G. _____ ppm	
Current Process			
Process Requirement			
Suspended Solid /ppm		TDS /ppm	
Viscosity /mm <sup>2</sup> /s		Temperature/°C	
Density Kg/m <sup>3</sup>		PH Value	
Feed Concentration		Other Datas	
Project Status	<input type="checkbox"/> New Project <input type="checkbox"/> Project Reconstruction <input type="checkbox"/> System Optimization		
Purpose	<input type="checkbox"/> Clarification <input type="checkbox"/> Remove protein <input type="checkbox"/> Remove oil <input type="checkbox"/> Concentration <input type="checkbox"/> Dehydration <input type="checkbox"/> Desalination    Others _____		
Membrane Process	<input type="checkbox"/> Microfiltration <input type="checkbox"/> Ultrafiltration <input type="checkbox"/> Nanofiltration <input type="checkbox"/> Reverse osmosis <input type="checkbox"/> Pervaporation <input type="checkbox"/> Other Process _____		
Capacity	_____ m <sup>3</sup> /day    _____ L/hour    _____ Hours/day		
Control mode	<input type="checkbox"/> Manual Operation <input type="checkbox"/> PLC control		
Material Requirement	<input type="checkbox"/> AISI304 <input type="checkbox"/> AISI316L <input type="checkbox"/> Others _____		
Power	<input type="checkbox"/> 380-415V/50Hz <input type="checkbox"/> 440-480V/60Hz <input type="checkbox"/> EX		
Remark	Please remark your requirements here:		