

## Application questionnaire

### Customer data

Please fill in your address or attach business card

name: \_\_\_\_\_

company: \_\_\_\_\_

street: \_\_\_\_\_

city: \_\_\_\_\_

country: \_\_\_\_\_

phone: \_\_\_\_\_

fax: \_\_\_\_\_

e-mail: \_\_\_\_\_

internet: \_\_\_\_\_

### Application

Application: \_\_\_\_\_

Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Operational data

volume flow [ml/min]: \_\_\_\_\_ tolerance of the volume flow [%]: \_\_\_\_\_

dosage volume [ $\mu$ l]: \_\_\_\_\_ tolerance of dosage volume [%]: \_\_\_\_\_

pressure [bar]: \_\_\_\_\_ suction pressure [bar]: \_\_\_\_\_

### Liquid

liquid name: \_\_\_\_\_

concentration [% vol]: \_\_\_\_\_ specific weight [ $\text{g}/\text{cm}^3$ ]: \_\_\_\_\_

viscosity [mPas]: \_\_\_\_\_

temperature of liquid (min/max) [ $^{\circ}\text{C}$ ]: \_\_\_\_\_

Does the liquid contain solid particles [% vol, size, hardness]? \_\_\_\_\_

\_\_\_\_\_

### Contact

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ambient temperature [°C]: \_\_\_\_\_

Does the liquid tend to crystallize? \_\_\_\_\_

\_\_\_\_\_

According to your experience, which materials are resistant against the liquid or are planned for tubes, containers, fittings etc.?

\_\_\_\_\_

### **Operating conditions**

working time per day [h]: \_\_\_\_\_ connecting frequency [%]: \_\_\_\_\_

life span [h]: \_\_\_\_\_

Which regulations have to be met?

\_\_\_\_\_

### **Drive**

What kind of motor is preferred? \_\_\_\_\_

Is a motor controller needed? \_\_\_\_\_

Which interface is preferred? \_\_\_\_\_

### **Number of pieces**

How many pieces are planned per year? \_\_\_\_\_

Planned entry date: \_\_\_\_\_

### **Comments**

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