

Application questionnaire

Customer data

company: _____ Mrs Mr title: _____
 _____ name: _____
 street/no.: _____ phone: _____
 ZIP/city: _____ fax: _____
 country: _____ e-mail: _____

Application

description: _____

Delivery data

continuous delivery discrete dosage
 volume flow [ml/min]: _____ volume [μ l]: _____
 tolerance of volume flow [%]: _____ tolerance of volume [%]: _____
 dispense time [s]: _____
 cycle time [s]: _____

Liquid

name or CAS no.: _____ density [g/cm³]: _____
 concentration [%]: _____ particle size [μ m]: _____
 viscosity [mPas / cP / cSt]: _____ at _____ °C solid content [vol.-%]: _____
 liquid temperature [°C]: approx. ____ to ____ ambient temperature [°C]: approx. ____ to ____
 pH value or range: approx. ____ to ____
 Product info sheet / Material Safety Data Sheet: yes* no

* Please attach file.

Pressure

inlet pressure [bar]: _____ outlet pressure [bar]: _____

Operating requirements

motor data: 24 V three-phase 230/415 V _____
 control: 0-10 V 4-20 mA RS-232 _____
 life span [h]: _____ operating hours per year [h/a]: _____
 explosion protection ATEX: _____ degree of protection of enclosure: _____

Certificates

Inspection documents DIN EN 10204: _____ *Please complete designation.*
 additional: material FDA-certificates elastomer/plastics ADI-free

Other

Your questions / comments to us: _____

Contact/information desired by: telephone call visit quotation

Contact

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