

Date:

Company Information		
Company name:	Group:	Web:
Address:		Country:
Phone number:	Fax:	Field:
Person in charge:	E-mail:	Position:

Products to be cleaned		
Fluids to be cleaned:	Fluid viscosity:	Fluid density:

Installation to be cleaned <sup>1</sup>	
<b>Vessels:</b>	Number of vessels: Deflectors: Yes <input type="checkbox"/> No <input type="checkbox"/> Agitator: Yes <input type="checkbox"/> No <input type="checkbox"/>
	Vessels volume: Cooling/heating coil: Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Units/machines:</b>	Number of units/machines to be cleaned:
	Brief description and sizes of the units/machines:
<b>Lines:</b>	Lengths: Diameters:

<sup>1</sup> If possible, enclose installation P&ID and drawings

Cleaning balls – Spray balls		
Are there cleaning balls?	On Vessel: Yes <input type="checkbox"/> No <input type="checkbox"/>	On Units: Yes <input type="checkbox"/> No <input type="checkbox"/>
Are there cleaning machines?	On Vessel: Yes <input type="checkbox"/> No <input type="checkbox"/>	On Units: Yes <input type="checkbox"/> No <input type="checkbox"/>
Which is the flow and pressure on cleaning balls or machines?      m <sup>3</sup> /h      bar		

Options/ automatization of CIP unit			
Manual Equipment:	Heating system: Yes <input type="checkbox"/> No <input type="checkbox"/>	Temperature control: Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Conductivity control: Yes <input type="checkbox"/> No <input type="checkbox"/>	Soap automatic dosing system: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Automated equipment:    Standard <input type="checkbox"/> Others <input type="checkbox"/>			
Single tank cleaning / multiple tanks simultaneously Yes <input type="checkbox"/> No <input type="checkbox"/>		Number of programs:	
Flow Control:    Yes <input type="checkbox"/> No <input type="checkbox"/>		Parameter Register:    Yes <input type="checkbox"/> No <input type="checkbox"/>	
Disinfection: Yes <input type="checkbox"/> No <input type="checkbox"/>		Cleaning Solution Recovery:    Yes <input type="checkbox"/> No <input type="checkbox"/>	
Water Recovery:    Yes <input type="checkbox"/> No <input type="checkbox"/>		Network Water Tank: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Treated Water Tank: Yes <input type="checkbox"/> No <input type="checkbox"/>		Hot Water Tank:    Yes <input type="checkbox"/> No <input type="checkbox"/>	
Heat Source:	Vapor <input type="checkbox"/>	Electric <input type="checkbox"/>	Hot Water <input type="checkbox"/> Temperature
Other Options:			