

FILTRATION QUESTIONNAIRE

Please complete all highlighted key application details and any other information that you can provide.

APPLICATION DETAILS

INDUSTRY		PROCESS TYPE (Grind/Hone/Broach/Etc)	
CONTAMINATION MATERIAL		TOOLING (Drill/Cutting Tool/Etc)	
MACHINE MANUFACTURER		VOLUME OF METAL REMOVED	
MACHINE TYPE/ MODEL		HEIGHT RESTRICTION FOR AM TOP COVER	

FLUIDS AND EXISTING FILTRATION SYSTEM

FLUID TYPE		FLOW		LTRS/MIN
PIPE SIZE				GAL/MIN
IS FLOW - PUMPED/ GRAVITY FED/ PRESSURIZED?		TOTAL TANK SIZE (GALLONS)		
OPERATING PRESSURE		PSI	BAR	PH
FLUID TEMPERATURE		VISCOSITY		
EXISTING FILTER TYPE		EXISTING FILTER MANUFACTURER		
EXISTING CONTAMINATION LEVEL		EXISTING FILTER RATING		
TYPICAL PARTICULATE SIZE		REQUIRED CONTAMINATION LEVEL		
OPERATIONAL HRS /DAY		WORKING DAYS/WEEK		
ORIGINAL PROBLEM				
COST ASSOCIATED WITH PROBLEM				

CONTACT DETAILS

NAME		LAST NAME	
COMPANY NAME		COMPANY ADDRESS	
TELEPHONE NUMBER		EMAIL	