DISPERSETECH

CONTACT: _____

COMPANY NAME: _____

ADDRESS: _____

CITY: _____ ***STATE:*** ***ZIP:*** _____

PHONE NUMBER: ***FAX NUMBER:*** ***E-MAIL***

QUESTIONNAIRE FOR CONTAINER WASHING SYSTEM

Type of container

Shape of container: ☐ round ☐ conical ☐ square

Dimensions of containers: (use separate container dimension sheet if necessary)

Diameter: _____ Total height: _____

Depth: _____ Diameter of opening: _____

☐ Outlet at container bottom for draining? Diameter of outlet: _____

Quantity of containers per day/week/month: _____

Type of contamination:

Type of cleaning solution/solvent used: _____

Exhaust Systems

☐ Do you have an existing vapor recovery system, (i.e. Thermal Oxidizer) the washing system can or should be connected?

If yes, what type of system? _____

1) **Washing Medium** ☐ **Solvent** ☐ **water** ☐ **detergent**

2) **Utilities**

Electricity _____ Volt, 3 phase, 60 Hz

Compressed air _____ PSI _____CFM

Cooling water _____ Degrees F _____GPM