

Form to complete and return by mail to contact@palamatic.fr

To make sure your data is taken into account, please save the document on your desktop before filling it in.

Company	<input type="text"/>	Date	<input type="text"/>
Contact name	<input type="text"/>	Project ref.	<input type="text"/>
Function	<input type="text"/>	Phone	<input type="text"/>
Address	<input type="text"/>	E-mail	<input type="text"/>
City	<input type="text"/>		
Country	<input type="text"/>		
Sector of activity	Food & Feed <input type="checkbox"/>	Chemical industry <input type="checkbox"/>	Fine chemical industry <input type="checkbox"/>
	Building industry <input type="checkbox"/>	Water treatment <input type="checkbox"/>	Other <input type="text"/>



PROCESS REQUIREMENTS - IF POSSIBLE, SEND US A SKETCH OF THE REQUIRED INSTALLATION

System implementation	Indoor <input type="checkbox"/>	Outdoor <input type="checkbox"/>		
Operating temperature	-20°/+40° <input type="checkbox"/>	Other <input type="text"/>		
Operating pressure	Vacuum <input type="checkbox"/>	Passage Ø in mm <input type="text"/>		
Material of manufacture of the tubes	Galvanized steel <input type="checkbox"/>	AISI 304 <input type="checkbox"/>	AISI 316L <input type="checkbox"/>	
Set up	yes* <input type="checkbox"/>	no <input type="checkbox"/>		
*if yes	In line <input type="checkbox"/>	Offset <input type="checkbox"/>	Vibratory <input type="checkbox"/>	Oscillating <input type="checkbox"/>
Upstream equipment	Downstream equipment <input type="checkbox"/>			
Space available between these 2 devices <input type="text"/>				
Notes <input type="text"/>				

PRODUCTS CHARACTERISTICS

Product designation			FDA	yes <input type="checkbox"/>	no <input type="checkbox"/>	
Atex	yes* <input type="checkbox"/>	no <input type="checkbox"/>	Temperature			
Zone	20 <input type="checkbox"/>	21 <input type="checkbox"/>	22 <input type="checkbox"/>	0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>
<i>*If Atex zone, please send the corresponding questionnaire.</i>						
Abrasive product	yes <input type="checkbox"/>	no <input type="checkbox"/>				
Use of caustic soda or other acidic products	yes <input type="checkbox"/>	no <input type="checkbox"/>				