

MEMBRANE QUESTIONNAIRE

Company's Name _____

Address _____

Tel: _____ Email _____ Fax _____

Contact person(s): _____

Please answer the following questions as fully as possible (Tick where applicable)

Application:

- | | | | |
|---|--|---|-----------------------------|
| <input type="checkbox"/> MF | <input type="checkbox"/> UF | <input type="checkbox"/> NF | <input type="checkbox"/> RO |
| <input type="checkbox"/> Pharma& Bio processing | <input type="checkbox"/> Cosmetics | <input type="checkbox"/> Diagnostics | |
| <input type="checkbox"/> Food & Beverages | <input type="checkbox"/> Dairy Processing | <input type="checkbox"/> Mineral Water | |
| <input type="checkbox"/> Chemical Processing | <input type="checkbox"/> E.D. Paint Recovery | <input type="checkbox"/> Waste Recovery | |
| <input type="checkbox"/> Haemodialysis | <input type="checkbox"/> Other (Specify) | | |

Purpose

- | | | |
|--|--|---|
| <input type="checkbox"/> Product Extraction | <input type="checkbox"/> Product clarification | <input type="checkbox"/> Product purification |
| <input type="checkbox"/> Product Concentration | <input type="checkbox"/> Other (Specify) | |

Product Details - Name/Type/Nature etc

Feed composition

Dissolved Matter	_____ ppm	<input type="checkbox"/> Dry weight	_____ ppm
Suspended Matter	_____ ppm	<input type="checkbox"/> Dry weight	_____ ppm
Total Solid	_____ %	<input type="checkbox"/> pH	_____
Conc. Of product in feed	_____ %		

Other details

- | | | | |
|---|-------------|--|---|
| <input type="checkbox"/> Operating Temp | _____ °C | <input type="checkbox"/> Density | _____ gm/cc |
| <input type="checkbox"/> Viscosity: Initial | _____ cP | <input type="checkbox"/> at _____ Conc | _____ cP |
| <input type="checkbox"/> Molecular Size: | _____ | Shear sensitive | <input type="checkbox"/> Yes. <input type="checkbox"/> No |
| <input type="checkbox"/> Antifoam: Type | _____ Conc. | Conductivity | _____ mS/sec |
| <input type="checkbox"/> Solvents Type | _____ Conc. | Specific Gravity | _____ |

PROCESS DISCRPTION

Type	<input type="checkbox"/> Batch	<input type="checkbox"/> Continous	
Product of Interest	<input type="checkbox"/> Permeate	<input type="checkbox"/> Retentate	_____
Feed Volume	_____ m3	Nos. of Batches/day	_____ Hrs.
Initial Dilution Volume	_____ m3	Final Feed Volume	_____ m3
Process Time	_____ Hrs.	CIP Time	_____ Hrs.
Pre-Concentration VCF	_____ Fold	Post-Concentration VCF	_____ Fold
<input type="checkbox"/> Diafiltration Volume	_____ Ltrs.	Total Permeate Volume	_____ Ltrs.
Required Flow-rate	_____ m3/hr	Min. acceptable Recovery	_____ %
Expected Concentration of product in Permeate			_____ gm/cc
Expected Concentration of product in Retentate			_____ gm/cc

PREVIOUS EXPERIENCE

	<input type="checkbox"/> None	<input type="checkbox"/> Yes.	
If Yes	<input type="checkbox"/> Cross-flow	<input type="checkbox"/> Other Technology	
Type of membrane	_____ Make	_____ Area	_____ m2
Type of Pump used	_____ Make	_____ Capacity	_____ LPH@Bar
Flux Obtained	_____ TMP	_____ Bar	

DESIGN REQUIREMENT

MOC	<input type="checkbox"/> SS 304 L	<input type="checkbox"/> SS 316 L	<input type="checkbox"/> Others
End. Conn.	<input type="checkbox"/> Triclover	<input type="checkbox"/> Flanged	<input type="checkbox"/> Others
CIP/SIP	<input type="checkbox"/> Cleaning	<input type="checkbox"/> Sterilisation	<input type="checkbox"/> Sanitization
Accessories	<input type="checkbox"/> CIP Circuit	<input type="checkbox"/> Feed Tank	<input type="checkbox"/> CIP Tank
Automation	<input type="checkbox"/> Relay Based	<input type="checkbox"/> PLC/HMI based	<input type="checkbox"/> Data-logging reqd.
Pump Type	<input type="checkbox"/> centrifugal	<input type="checkbox"/> Lobe pump	<input type="checkbox"/> Diaphragm pump
Classification of installation area	<input type="checkbox"/> Flame-proof	<input type="checkbox"/> Non flame-proof	

REQUIREMENTS FOR

- | | | | |
|--------------------------------------|------------------------------------|--------------------------------------|---------------------------------|
| <input type="checkbox"/> New project | <input type="checkbox"/> Expansion | <input type="checkbox"/> Upgradation | <input type="checkbox"/> Export |
|--------------------------------------|------------------------------------|--------------------------------------|---------------------------------|

REQUIRED

- | | | | |
|------------------------------------|--|------------------------------------|--------------------------------|
| <input type="checkbox"/> Immediate | <input type="checkbox"/> Within 6 months | <input type="checkbox"/> 1-2 years | <input type="checkbox"/> Later |
|------------------------------------|--|------------------------------------|--------------------------------|

OTHER IMPORTANT INFORMATION YOU WOULD LIKE TO SHARE
