

PILOT PLANT - MODULAR SKID QUESTIONNAIRE

CUSTOMER NAME:	
CONTACT INFORMATION:	
ADDRESS:	
EMAIL:	PHONE:
FAX:	WEBSITE:
POSITION:	
CONTACT NAME:	
PREFERRED METHOD OF CONTACT: PHONE	EMAIL
HAVE YOU PURCHASED FROM SEPOR BEFORE? _	YES NO
LOCATION SERVICE:	
COUNTRY:	CITY:
NAME OF MINE:	
PILOT PLANT REQUIREMENTS: BE VERY SPECIFIC	<u>, </u>
PROCESS CONDITIONS; (EXAMPLES; High temps of	or Pressure, slurries)
FLAMMABLE CONDITIONS A POSSIBILITY?	YESNO
IF YES EXPLAIN;	

INSTRUMENTATION PAGE	CKAGE REQUIREMENTS:		
FLOW RATE (TPH, kg/HF	R, GPM)		
UTILITIES AT WORK SITE			
VOLTAGE:	FREQ:	PHASE:	
GENERATOR:	YES	NO	
WATER -IF APPLICABLE			
PIPE SIZE:	MATERIA	AL:	
PNEUMATIC – IF APPLIC	ABLE		
PRESSURE			
LOCATION DESCRIPTION	I AND INFORMATION		
SIZE OF BUILDING:		SQ FT.	
HEIGHT OF CEILING:		FT.	
GA DRAWINGS AVAILAB	SLE:YES	NO	
ALTITUDE:	ft.		
TEMP:	F/ C		
WIND:	AVG MPH		
GROUND CONDITIONS A	AT WORKSITE:		
PRECIPITATION (IF OUTS	SIDE):		
INDOOR/OUTDOOR:			
PLANT MOBILITY: CASTE	ERS	SKIDS	N/A

HAZARD RECOGNITION ON SITE:
ELECTRIC:
TOXIC SUBSTANCE:
OTHER:
IF YES TO THE ABOVE, PLEASE PROVIDE SEPOR WITH COMPLIANCE INFORMATION:
SITE ACCESS:
BRIEFLY EXPLAIN:
DOES THE WORKSITE HAVE LIFTING AND MOVING EQUIPMENT?
YESNO
TYPE:
SITE READINESS:
PLEASE EXPLAIN:
WILL YOU REQUIRE SEPOR FIELD TECHNICIANS TO INSTALL, COMMISSION AND SUPERVISE?

*INFORMATION ON THIS FORM IS CONFIDENTIAL AND HELD IN STRICT CONFIDENCE.

RETURN COMPLETED PDF TO info@sepor.com