

QUESTIONNAIRE THERMAL CLEANING



CUSTOMER DATA	
Company:	_____
Contact person:	_____
Department:	_____
Adress:	_____
ZIP code / City:	_____
Tel. / Fax:	_____
E-mail:	_____

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YOUR CLEANING REQUIREMENTS			
Preferred cleaning process: _____	<input type="checkbox"/> Cleaning equipment	<input type="checkbox"/> Contract cleaning and services	
	<input type="checkbox"/> Free cleaning test	<input type="checkbox"/> Presence at cleaning process	

THE FOLLOWING POLYMER CONTAMINATED PARTS ARE TO BE CLEANED:					
Kind of parts / tools	Quantity per (day / week / year)	Dimensions [mm] (diameter / length x width x height)	Weight of parts [kg]	Type of polymer (PE, PVC etc.)	Weight of polymer approx. [g]

Downtime available without the parts / tools: _____ hours or _____ days

Shift operations per day:

- 1 shift operation
- 2 shift operations
- 3 shift operations

Energy supply available:

- Gas Oil Steam Water
- Compressed air
- Voltage _____V ____Hz

Your current cleaning process: _____

Date

Signature