



# SSP PVT LIMITED

Form No. F: MKD: 02

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## PRODUCT QUESTIONNAIRE (PROJECT: EVAPORATOR)

Note: Please indicate by a tick mark where options are provided.

### 1. CUSTOMER'S DETAIL:

Company Name:		
Contact Person:		
Plant Location:		
Address:		
Phone No.:		Fax No.:
E-mail.:		

### 2. TYPE OF EQUIPMENT DESIRED ( IF KNOWN):

<input type="checkbox"/> Falling Film	<input type="checkbox"/> Rising Film Evaporator
<input type="checkbox"/> Forced Circulation Evaporator	<input type="checkbox"/> Roto/Wiped film Evaporator
<input type="checkbox"/> Scrapped Surface Evaporator	<input type="checkbox"/> Combination Evaporator
<input type="checkbox"/> Vendor to Choose	

### 3. AMBIENT CONDITIONS:

Ambient Temperature	Summer (°C):	:	
	Winter (°C):	:	

### 4. FEED DETAILS:

Name & Description of Feed	:	
Broad Composition of the Feed	:	
Percentage (w/w) of Solids in the Feed	:	
(Detail of constituents if more than one type of solid is present)	:	
Percentage (w/w) and Description of solvents other than water, if any	:	
Feed Rate (Kg/h)	:	
Density (gm/cc)	:	
pH Value	:	
Viscosity (cps)	:	
Temperature (°C)	:	
Specific Heat of Feed (kcal/kg°C)	:	
Thermal Conductivity (w/mK)	:	
Maximum Temperature that Product can be subjected to (°C)	:	

### 5. PRODUCT DETAILS:

Is Sterilization Required?	:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, Temperature (°C)	:		
Holding Time (sec.)	:		
Desired Final Concentration (% w/w)	:		

**6. SERVICES AVAILABLE:**

Steam Pressure (Bar-g)	:	
Electricity	:	
Voltage (volts)	:	
Phase	:	
Frequency (Hz)	:	
Cooling Water Temperature (°C)	:	

**7. MATERIAL OF CONSTRUCTION:**

**Product Contact Parts:**

<input type="checkbox"/> SS-316	<input type="checkbox"/> SS-304	<input type="checkbox"/> SS-304 L	<input type="checkbox"/> CS	<input type="checkbox"/> SS-316	<input type="checkbox"/> SS-316 Ti	<input type="checkbox"/> Other
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**Steam/Vapour Contact Parts:**

<input type="checkbox"/> SS-316	<input type="checkbox"/> SS-304	<input type="checkbox"/> SS-304 L	<input type="checkbox"/> CS	<input type="checkbox"/> SS-316	<input type="checkbox"/> SS-316 Ti	<input type="checkbox"/> Other
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If Other, please specify	:	
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**8. DO YOU WANT TO INCLUDE :**

MCC & Cabling with Cable Tray	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cooling Tower	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Supporting Structure	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**9. ANY OTHER INFORMATION WHICH  
MAY BE USEFUL FOR US FOR  
DESIGNING :**

<b>AUTHORIZED SIGNATORY:</b>	
Designation:	