



# SSP PVT LIMITED

Form No. F: MKD: 02

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## PRODUCT QUESTIONNAIRE (PROJECT: SALT PROCESSING PLANT)

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. ABOUT PLANT:

Capacity Per Hour/Per Day:	
No. of Shifts to Run (or ) Working Hours/Day:	
Raw Salt Quality :	
<ul style="list-style-type: none"><li>• % Ca</li><li>• % Mg</li><li>• % SO<sub>4</sub></li><li>• % Insoluble</li><li>• % NaCl</li></ul>	
Final Quality Desired (% NaCl):	
End Use of Salt:	<input type="checkbox"/> Table <input type="checkbox"/> Kitchen <input type="checkbox"/> Industrial <input type="checkbox"/> Combination
Type of Refinery:	<input type="checkbox"/> Mechanical <input type="checkbox"/> Vacuum Crystallization
Infrastructure Available :	
<ul style="list-style-type: none"><li>• Site (location)</li><li>• Land Area Available</li><li>• Unit Registered or Yet to be Registered</li><li>• Power Rating</li><li>• Availability of Services Like (water/electricity/ steam)</li></ul>	

### 3. GENERAL:

Are you the end user?	:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
When it is planned to come in production?	:		

### 4. DO YOU WANT US TO QUOTE PACKING MACHINE, IF YES PLEASE SPECIFY PACKING TYPE AND SIZE:

### 5. ANY OTHER INFORMATION AND DATA, WHICH MAY BE USEFUL FOR US TO DESIGN:

AUTHORIZED SIGNATORY:	
Designation:	