

CONTACT	COMPANY				
	STREET CITY, STATE, ZIP CODE COUNTRY				
	DEPARTMENT				
	CONTACT NAME				
	PHONE				
	E-MAIL / WEBSITE				
	INDUSTRY (please check)	Pharma	Cosmetic	Chemical	Food _____
	DATE				

ADDITIONAL INFO	Process drawing or hand sketches

BATCH PROCESS	BATCH PRODUCTION				
	Please check		Y/N		Liter
	BATCH		Vessel available		Volume (approx.)
	Vessel dimension (ø / mm)			Height (mm)	
	Required working time (Minutes)				
If the vessel should be provided by KINEMATICA, please specify your requirements (page 1)					

INLINE PROCESS	INLINE PRODUCTION				
	Please check		Y/N		Liter
	CONTINUOUS one pass processing only				
	CONTINUOUS and recirculation with vessel		Vessel available		Volume (approx.)
	CONTINUOUS and recirculation with vessel+stirrer		Vessel available		Volume (approx.)
Required flow rate Liter/hour or gpm					
If the vessel should be provided by KINEMATICA, please specify your requirements (page 1)					

STANDARDS	STANDARDS (Please check)	SPECIFICATION (Please fill in)								
	CIP									
	SIP									
	3A									
	Clean room									
	Explosion proof Ex or ATEX / Specify Class and Division									
	Certificates	RA value		IQ		OQ		EN 10204 -2.2		EN 10204 -3.1
	Others									
	ENVIRONMENT (Please check)	SPECIFICATION (Please fill in)								
	Available voltage									
Motor requirements (IP rating)										
Room conditions										
Cleaning requirements (machine outside)										
Others										