

Batch/Metering System Application Data Sheet

Complete both pages this form to the best of your ability. E Mail to sales@hollandapt.com or fax to 630-654-2518. If you have any questions, call us at 630-654-2518

Name: _____ Company: _____
Street Address _____ City: _____ State: _____ Zip: _____
Phone: _____ E Mail: _____

Application Description: _____

Fluid : _____ **Viscosity:** _____ **Temperature:** _____
Shear Sensitive? *circle one* Yes No Particulates/Solids? Yes No
Density or Specific Gravity: _____
How are you going to Clean: *circle one* CIP COP Single Use

How do you plan to Dispense: *circle one* Time Weight Volume High/Low Setpoints

How have you Approached this Application in the Past?

What Process Variable are Important to Measure? *Circle one*

Temperature Pressure Flow Turbidity Conductivity PH Level

What Process Features are You trying to Change/Optimize: *Check all that apply*

_____ Improved Accuracy or Precision

_____ Higher Level of Automation

_____ COP/CIP

_____ Reusable to Single Use

_____ Other: _____

What Types of Pump or Pumps are you Currently Using?: *Circle all that apply*

Sanitary Lobe Diaphragm Piston Twin Screw Centrifugal Peristaltic Quattroflow

What Type of Valves are you Currently Using?: *Circle all that apply*

Stem/Seat Diaphragm Ball Butterfly Single Use Pinch Valves

Describe What Utilities are Available

Electrical: _____

Air: _____

Steam: _____

Other Notes About Your Application:

