



## Tank Cleaning Application Data Sheet

Company:	Contact Name:
Address:	State/Zip:
Phone:	Fax:
Email:	Rep:

### Industry

<input type="checkbox"/> Food / Dairy / Beverage	<input type="checkbox"/> Industrial	<input type="checkbox"/> Pulp & Paper
<input type="checkbox"/> Pharmaceutical	<input type="checkbox"/> Chemical	<input type="checkbox"/> Other

### Application

<input type="checkbox"/> Tank Cleaning Nozzle only	<input type="checkbox"/> Lance Accessory	<input type="checkbox"/> Clean-in-Place Skid System <small>(Please fill out CIP Application Data Sheet in addition to this document)</small>
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### Tank & Nozzle Description

Tank Size: _____ Dia. _____ Ht.	# Tanks: _____	How many tanks do you clean /day? _____
Tank: <input type="checkbox"/> Enclosed <input type="checkbox"/> Open-Top	Tank: <input type="checkbox"/> Fixed-in-Place <input type="checkbox"/> Portable	
Tank Interior: <input type="checkbox"/> SS <input type="checkbox"/> Glass-lined <input type="checkbox"/> Plastic	<input type="checkbox"/> Baffles <input type="checkbox"/> Agitators	
<b>Cleaning Fluid:</b>	<input type="checkbox"/> Water	Temperature: _____ °F      Viscosity: _____ cps
	<input type="checkbox"/> Solvent – Type: _____	Hazardous: <input type="checkbox"/> Yes <input type="checkbox"/> No
Pump Type: <input type="checkbox"/> Centrifugal <input type="checkbox"/> Positive Displacement	Available gpm: _____	Available air supply: _____
Type of material/soil to be removed: _____	Thickness of material/soil: _____ in.	
Method of nozzle access point into tank: <input type="checkbox"/> Manway <input type="checkbox"/> Inspection Port <input type="checkbox"/> Vent Port Other: _____		
What is the dimensional size of access point: _____		Tank Drain Size: _____ Dia.
<b>Current nozzle in use:</b>	<b>Manufacturer:</b>	<b>Part # :</b>
<b>Nozzle Connection:</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> NPT <input type="checkbox"/> BSPP
		<input type="checkbox"/> Rotating <input type="checkbox"/> 3-A Sanitary <input type="checkbox"/> Stationary
		<input type="checkbox"/> 3/8" <input type="checkbox"/> 1/2" <input type="checkbox"/> 3/4" <input type="checkbox"/> 1" <input type="checkbox"/> 1-1/4" <input type="checkbox"/> Butt-Weld <input type="checkbox"/> 1-1/2" <input type="checkbox"/> 2" <input type="checkbox"/> 3" <input type="checkbox"/> Tri-Clamp <input type="checkbox"/> Slip-On

### Additional Information

Please describe your current cleaning protocols? Please attach any written protocols if available.
What problems are you having with your current cleaning system? Please explain.

### Lance Accessory

Lance connection: <input type="checkbox"/> 4" Tri-Clamp <input type="checkbox"/> 3" Tri-Clamp <input type="checkbox"/> 2" Tri-Clamp <input type="checkbox"/> 1" Tri-Clamp		
Tube Length: _____ OD Tube: _____	Additional Mounting Type:	<input type="checkbox"/> 4" Flange <input type="checkbox"/> 2" Flange <input type="checkbox"/> 3" Flange <input type="checkbox"/> Other _____
Polished: <input type="checkbox"/> Yes <input type="checkbox"/> No	Surface Finish: _____ RA	

LANCES AVAILABLE IN 316SS, HASTELLOY, PTFE, COATED MATERIALS AND OTHER ALLOYS AS REQUIRED

PLEASE FAX TO 908.496.8080



## Tank Cleaning Application Data Sheet

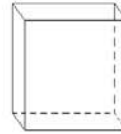
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### Tank Drawing

Sketch the tanks interior/exterior and include all applicable dimensions on attached sheet.

Note: If there are any Baffles and/or Agitators inside the tank, please include those details as well.

Circle one:



RECTANGULAR



TALL  
CYLINDER



MEDIUM  
CYLINDER



HORIZONTAL  
CYLINDER