



**DISTI KLEEN, INC.**

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**CONTACT:** \_\_\_\_\_

**COMPANY NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_

**STATE:** \_\_\_\_\_

**ZIP:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

**FAX NUMBER:** \_\_\_\_\_

**E-MAIL** \_\_\_\_\_

## QUESTIONNAIRE FOR CONTAINER WASHING SYSTEM

### 1) Type of container

a) Shape of container: round, conical, square, angular (circle those that apply)

b) Dimensions of containers: (use separate container dimension sheet if necessary)

Diameter: \_\_\_\_\_ Total height: \_\_\_\_\_

Depth: \_\_\_\_\_ Diameter of opening: \_\_\_\_\_

c) Outlet at container bottom for draining? Yes / No      d) Diameter of outlet: \_\_\_\_\_

2) Quantity of containers per day/week/month: \_\_\_\_\_

3) Type of contamination: \_\_\_\_\_

4) Type of cleaning solution/solvent used: \_\_\_\_\_

### 5) Exhaust Systems

a) Do you have an existing vapor recovery system, i.e. Thermal Oxidizer?  
the washing system can or should be connected? Yes / No

b) If yes, what type of system? \_\_\_\_\_

6) Washing Medium      Solvent/      water /      detergent

### 7) Utilities

a) Electricity      \_\_\_\_\_ Volt,      \_\_\_\_\_ Hz, 3 phase/ neutral/earth

c) Compressed air      \_\_\_\_\_ PSI      \_\_\_\_\_ CFM

d) Cooling water      \_\_\_\_\_ Degrees F      \_\_\_\_\_ GPM