

Questionnaire for chemical resistance

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Customer _____

Street _____

Postal Code/Town _____

Phone _____

Fax _____

SIMONA material desired:

Chemical medium/combination

All substances (media)	Concentration of medium (%)	Share (%)

(Please complete form and/or enclose safety data sheet)

Service conditions

Operating temperature _____ °C

max. temperature _____ °C

Fluctuating temperature Yes

No

Operating pressure bar _____ bar

Application indoor

outdoor

with insulation Yes

No

Enquiry relates to:

Tank/vessel (full thermoplastic)

Collecting vessel

Piping system

Double containment piping system

Composite construction

Tank/vessel liner

Transport vessel

Waste gas system

Pump

Date/Signature