



Cleaning Compound Questionnaire

Date: _____

Customer: _____

Address: _____

Contact Person & Phone Number: _____

TM Requesting Recommendation: _____

Operation _____

Substrate (Part & Metal): _____

Type of Soil: _____

Water Quality: _____

Previous Operation: _____

Subsequent Operation: _____

Washer:

Type: _____

Stages: _____

Operating Temperatures: _____

Special Considerations (high pressure, etc.): _____

Desired Level of Corrosion Protection: _____

Wastewater and other environmental restrictions (Phosphorus, BOD, etc):

Other Considerations (film, pH, etc.) _____

Competitive Product: _____

Competitive Product Issues/Performance: _____

Desired Selling Price: _____

COMPLETE AND FAX TO PRODUCTO LAB - FAX NUMBER 734-422-0244

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Issued 6/1/05