



LAB SURVEY

NEEDS AND APPLICATIONS

What is the system application?

- | | | |
|--|---|---|
| <input type="checkbox"/> HPLC | <input type="checkbox"/> Reagent Grade Solution Make-Up | <input type="checkbox"/> Clinical Diagnostic |
| <input type="checkbox"/> Ion Chromatography / MS | <input type="checkbox"/> Glassware Washer | <input type="checkbox"/> Protein Purification |
| <input type="checkbox"/> Gas Chromatography / MS | <input type="checkbox"/> BOD/ COD | <input type="checkbox"/> Mass Spectroscopy |
| <input type="checkbox"/> Clinical Analyzer Feed | <input type="checkbox"/> USP Purified | <input type="checkbox"/> Phase Free water |
| <input type="checkbox"/> Instrumentation Feed | <input type="checkbox"/> Microelectronics | <input type="checkbox"/> General Demineralization |
| <input type="checkbox"/> Tissue Culture Research | <input type="checkbox"/> Trace Metals Analysis | <input type="checkbox"/> Other: _____ |

What is the water Requirement

- | | | |
|---|--|--|
| <input type="checkbox"/> Type I - CAP / NCCLS | <input type="checkbox"/> Type I - ASTM | <input type="checkbox"/> Additional Reqm'ts: _____ |
| <input type="checkbox"/> Type II - CAP / NCCLS | <input type="checkbox"/> USP - 24 Purified | <input type="checkbox"/> Additional Reqm'ts: _____ |
| <input type="checkbox"/> Type III - CAP / NCCLS | <input type="checkbox"/> Additional Reqm'ts: _____ | <input type="checkbox"/> Additional Reqm'ts: _____ |

What is the Feedwater Quality

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> RO | <input type="checkbox"/> Tap Feed (Orde: Well / Qty / Surface) |
| <input type="checkbox"/> Distillation | TDS: _____ TOC: _____ |
| <input type="checkbox"/> Service D.I. | pH: _____ Silica: _____ |
| <input type="checkbox"/> RO/DI | Hardness: _____ CO ₂ : _____ |
| <input type="checkbox"/> Central Loop | Alkalinity: _____ Press.: _____ |

What is the Volume of Water per Day (liters / day): _____

What are the dispensing requirements (liter / min.): _____

What are the space limitations - if any (H' X W' X D''): _____

Countertop or wall mounted?: _____

What are the power requirements (Voltage / Cycles / Amperage): _____

Is a drain available? Yes / No

Specific Options:

- Automatic Dispensing Gun
- UV
- UF Pyrogen Filter
- Other: _____

Customer Information: _____

Company Name: _____

Company Address: _____

Building / Laboratory Location: _____

Phone / Fax Number: _____

Contact Name: _____

How did you hear about Aries Filterworks?: _____