

Wet Filtration Questionnaire



COMPANY NAME : _____
 ADDRESS: _____ DATE ORIGINATED : _____
 _____ REFERENCE NO : _____
 _____ INDUSTRY : _____
 CONTACT PERSON : _____ APPLICATION : _____
 TEL : _____ FAX : _____
 E-MAIL : _____

Product Filtered Solids _____ Filtrate _____

1 FILTER

Pressure Filter		Vacuum Filter	
Filter Press	Chamber	Rotary	Drum
	Membrane	Vacuum	Disc
	Plate and Frame		Belt Pan
Leaf	_____		Multi Roll
Other	_____	Other	_____
Manufacturer	_____	No of filters	_____
Size of filter	_____	Construction material	_____
Other details eg. Number of plates, sizes of plates/sections ect			

2 Process

Working pressure or vacuum _____ Solids Concentration _____
 Temperature _____ °C _____ pH _____ Cake moisture content _____
 Pre-coat Yes No Body Feed Yes No Cycle Time _____
 Other details:

3 Filter Media

Fabric used _____ Life _____
 Is backing cloth used ? Yes No Is paper used ? Yes No
 Cloth Maintenance/Washing _____
 Mechanical Damage _____ Regular change _____
 Chemical Damage _____ Other _____
 Reduced throughput _____