Please photocopy or cut out fax reply form.

SIMONA

Questionnaire for chemical resistance

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Phone
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Fax
+49 (0) 67 52 14-302

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