

To:

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From:

Company: \_\_\_\_\_

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City/Country/Zipcode: \_\_\_\_\_

Phone/Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Industry: \_\_\_\_\_

## Vacuum Pumps

Please answer the following questions carefully so we can select the vacuum pump best suited for your purpose. Please note that you can type in the document; printing out is not necessary. Please e-mail or fax this form back to us.

### 1. Please specify the branch of industry in which the pump will be used

- ☐ Packaging
 ☐ Food & beverage
 ☐ Glass  
☐ Graphic arts
 ☐ Wood-working
 ☐ Plastic  
☐ Marble/Stone
 ☐ Metal/sheet metal  
☐ \_\_\_\_\_

### 2. What will the pump be used for?

- ☐ Handling
 ☐ Degasification of silicon mixture  
☐ Vacuum Clamping
 ☐ Degasification of synthetic resin  
☐ Degasification of laminated materials  
☐ Evacuating tanks: Liters: \_\_\_\_\_ / Time: \_\_\_\_\_

### 3. Location of pump

- ☐ Indoor
 ☐ Outdoor
 ☐ Mobile  
☐ Temperature range: \_\_\_\_\_ to \_\_\_\_\_ °C \_\_\_\_\_ to \_\_\_\_\_ °F  
☐ Relative humidity (e.g. tropical areas) \_\_\_\_\_ %

### 4. Medium to be sucked

- ☐ Dry air
 ☐ Humid air
 ☐ Oily air
 ☐ Water vapor  
☐ Water
 ☐ Grinding sludge  
☐ Aggressive gases (which): \_\_\_\_\_  
 Temperature of medium: \_\_\_\_\_ °C ( \_\_\_\_\_ °F)

### 5. Suction capacity: \_\_\_\_\_ m³/h or \_\_\_\_\_ NL/min

### 6. Vacuum Level (in continuous operation):

\_\_\_\_\_ mbar ( \_\_\_\_\_ inHg) or \_\_\_\_\_ % vacuum

### 7. Duty cycle

- Continuous operation ☐ 8-10 h/day ☐ 16-18 h/day  
 Intermittent operation:  
 Operating interval of pump? \_\_\_\_\_

### 8. Back diffusion

Must leakage of the medium be prevented when the pump is switched off? (Check valve for oil lubricated vacuum pump) Yes ☐ No ☐

### 9. Maintenance of vacuum

Must the vacuum maintained for a certain period (e.g. for putting down loads in case of power failure)?  
☐ Yes ☐ No

### 10. Vacuum tank

- ☐ Available ( \_\_\_\_\_ liters)
 ☐ Desired ( \_\_\_\_\_ liters)  
☐ Capacity suggested by FIPA

### 11. Maintenance

- Is the pump accessible for maintenance? ☐ Yes ☐ No  
 Is sufficient cooling available for the pump? ☐ Yes ☐ No  
 Is remote monitoring of pump condition possible? (e.g. oil level)  
☐ Yes ☐ No

### 12. General information if new pump is desired:

- ☐ Only one pump is required  
☐ Number of pumps needed per year: \_\_\_\_\_  
☐ Delivery desired within: \_\_\_\_\_  
☐ Replacement

### 13. In case of replacement please fill out

- ☐ Brand until now \_\_\_\_\_
 ☐ Suction capacity \_\_\_\_\_  
☐ Vacuum level \_\_\_\_\_
 ☐ Electricity supply \_\_\_\_\_