

1. CLIENT			
Company name :			
Address :			
Character of the factory :			
Contact details (telephone / fax / email) :			
Person responsible for project (work station occupied) :			
2. WASTE TO BE DISTILLED			
Washing / degreasing medium applied :		<input type="checkbox"/> halogen derivative <input type="checkbox"/> other _____ <input type="checkbox"/> no halogen _____	
Waste origin		Waste temperature (°C)	Waste quantity of (m ³ /a l/h)
Waste component 1			
Waste component 2			
Waste component 3			
Waste component 4			
Overall waste capacity :		<input type="checkbox"/> regular quantity _____ m ³ /a or l/h <input type="checkbox"/> irregular quantity _____ m ³ /day / week / month / year	
Content of waste components :		Chloride ____ mg/l Fluoride ____ mg/l pH value ____ <input type="checkbox"/> unknown <input type="checkbox"/> variable other : _____ <input type="checkbox"/> known <input type="checkbox"/> presumable _____	
3. TECHNICAL DATA SHEETS / ANALYSES / TESTS			
Technical data :	<input type="checkbox"/> attached <input type="checkbox"/> to be send <input type="checkbox"/> inaccessible		
Other analyses :	<input type="checkbox"/> attached <input type="checkbox"/> to be send <input type="checkbox"/> not being performed		
Laboratory analyses :	Are they required with shared costs? <input type="checkbox"/> yes <input type="checkbox"/> no		
Tests :	Are they required with shared costs? <input type="checkbox"/> yes <input type="checkbox"/> no		

4. ADDITIONAL INFORMATION

Remarks :

Date and signature of the person
filling questionnaire :