

# Request for Quote for Dosing Equipment

Date:

**From:**

Company:  State:

Contact Name:  Phone:  Email:

1. Fluid Description:   
*e.g. Sodium Hypochlorite, Caustic Hydrchlorine Acid, Chlorine Dioxide etc*

2. Concentration:  *e.g. 900ppm, 5% or 30%*

3. Duty:  *e.g. 10 mins every hour, continuously for 2-3 hrs, run all day / 5 days per week*

4. Dosing Rate: (include units) Nominal (Average) =  Minimum =  Maximum =

5. Voltage:  Phase:

6. Line Pressure:  *e.g. 2 bar, 50 mb, 10 head (m), Atmospheric*

7. System &/or Instruments connected to pump:  pH  Residual Chlorine Cells  Conductivity  Rx (ORP)  
 Flow Meter  Other

8. Mounting preferences:  Floor Mount  Bench Mount  Wall Mount

9. Accessories Required:  Mixer  Tanks  Bunds  Level Control Switch  
 Calibration Tube - Size  1 litre  2 litres  5 litres  
Other:

10. Type of Pump preferred:  
 Solenoid Diaphragm  Mechanical Diaphragm (Motor Driven)  Hydraulic Diaphragm (Motor Driven)  Piston (Plunger) (Motor Driven)  Peristaltic (Motor Driven)

**Supporting Comments:**