

Enquiry for Suncombe CIP

In order to assist us in evaluation of your requirements, please complete as much as possible of the following form. We would also appreciate if you could send drawings of your requirement to: E-mail: salesdept@suncombe.com.



Static CIP



Mobile CIP

***Required**

Your Details			
First Name*		Last Name*	
<input type="text"/>		<input type="text"/>	
Company*		Job Title	
<input type="text"/>		<input type="text"/>	
E-Mail*	Phone*	Fax	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Street Address			
<input type="text"/>			
Town/City	County/State	Postcode/Zip	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Product Details
Describe the type of product/s produced and any noteworthy properties
<input type="text"/>
Describe the type of soil to be removed
<input type="text"/>

Cleaned Equipment Details

Describe your current cleaning method

How long does your current system take to clean?

- N/A (no current system) 0-30 minutes 30- 60 minutes 1-2 Hours
 2+ Hours
 Other (please specify)

What is to be cleaned (pipework, vessels, equipment, etc.)?

Approximately how often does cleaning need to be performed?

- Hourly Daily 2-3 times a week Once a week Once a month
 Other (please specify)

System Details

Do you have a preference for the suppliers of valves, pumps, sprayballs etc.?

- Yes No

If yes, please specify:

If known, please state the required flowrate and pressure of the system.

Flow Rate

Pressure

Do you want a static or mobile system? Static

Mobile

If known, please state how many tanks that you want

Can the solution be recirculated?

Yes

No

Do you want the solution heated?

Yes

No

If yes:

Do you have steam/hot water available?

Steam

Hot water

No

What temperature is required?

Is the system to be aqueous or solvent?

Aqueous

Solvent (please specify)

Describe where is the equipment to be sited and any headroom or ingress limitations

If known, how will the CIP liquid reach the equipment and return? (valve manifold, flowplates, hoses etc.)

Do you have any preferred chemicals?

Yes

No

If yes, please specify:

State the drain capacity and any limitations (temperature, chemicals, etc.)?

What is the required level of automation?

- Semi-Automatic Automatic DCS

State the preferred supplier of automation

- Siemens Allen Bradley

Environment/Utility Details

Is it necessary to comply with any special regulations? Yes No N/A

If yes, please specify:

Will the system be stand-alone or communicate to other systems?

- Stand-alone Communicate (please specify)

Is the area where the washer will be located in an ATEX zone?

- Yes No

Requirement Details

Describe your requirement (please continue on another sheet if needed and include a sketch/photo/URS if available)