



MAGNERSCAN QUESTIONNAIRE

DATE: _____ CLIENT: _____ SITE: _____
CONTACT | NAME: _____ TEL: _____
EMAIL: _____

INDUSTRY

SECTOR : ☐ DAIRY
☐ PHARMACEUTICAL
☐ CHEMICAL

FINISHED PRODUCT : _____

AVAILABILITY

AVAILABILITY OF EQUIPMENT: _____ HOURS

WEEKEND OR NIGHT WORK: ☐ YES ☐ NO

DATE / WEEK OF TEST : _____

EQUIPMENT TO BE TESTED

SPRAY DRYER, FLUID BED, BAG FILTER, CYCLONE... _____

TANK, CHEESE BED/VAT, TANKER. _____

SPRAY DRYER

☐ SPRAY DRYER ☐ BAG FILTER ☐ OTHER: _____
☐ FLUID BED ☐ CYCLONE _____

NAME OF MANUFACTURER: _____

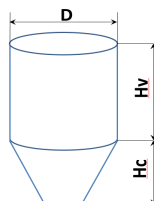
DATE OF CONSTRUCTION: _____

DATE OF LAST TEST: _____

DATE OF LAST REPAIRS: _____

LIFT: ☐ YES ☐ NO

DIMENSIONS



D: DIAMETRE OF CHAMBER _____ M

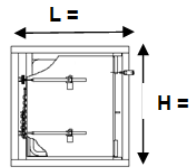
Hv : HEIGHT OF CHAMBER _____ M

HC : HEIGHT OF CONE _____ M

IS THERE A DUCT: ☐ VERTICAL
☐ HORIZONTAL



DOOR ACCESS

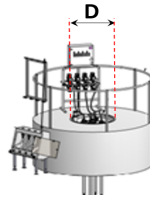


L: _____ MM

H: _____ MM

IS THERE ANYTHING BLOCKING THE ENTRY DOOR?

ATOMISIER/ROOF ACCESS



D: _____ MM

HOIST ABOVE DRYER?: ☐ YES ☐ NO

IF YES : CAPACITY _____

TANKS - BAG FILTERS - TANKERS

☐ TANK ACCESS VIA THE TOP

Qty: _____

☐ BAG FILTER/CONTAINER Qty: _____

☐ TANK ACCESS VIA THE BASE

Qty: _____

☐ LORRY TANKER Qty: _____

DIMENSIONS

TANK ACCESS VIA THE TOP

DIA: _____ M

HT: _____ M

TANK ACCESS VIA THE BASE

DIA: _____ M

HT: _____ M

TANK/BAG FILTER

DIA: _____ M

HT: _____ M

LORRY TANKER

DIA: _____ M

LG: _____ M

TANKS: SCAFFOLDING INSTERTED BY THE CLIENT

☐ YES

☐ NO*

** IF NO: MAXIMUM HEIGHT OF THE TEST COMPLETED WILL BE 2.5M*

OTHER INFORMATION