

## QUESTIONNAIRE TO CHOOSE THE RIGHT WATER CHILLER

**LOCATION (PLANT)**

Fill with ID name (ie. Client1, Project1, ...)

**LOCATION (CITY-COUNTRY)**

Fill with city or regio name where the chiller will be installed

**VOLTAGE** 3x  V / 1x  V -  Hz

Indicare quali sono le tensioni disponibili nello stabilimento

**IS THE WATER DOSER WITH PUMP COMMAND PRESENT?**

Indicate if the water doser has the clean contact output signal to ask the water when START is pressed

 YES  NO

**MAXIMUM AMBIENT TEMPERATURE (inside the building)**

Fill with the highest ambient temperature, the worst days

 °C  °F

**MAXIMUM AMBIENT TEMPERATURE (outside the building)**

Fill with the highest ambient temperature, the worst days, where the eventual remote condenser will be placed

 °C  °F

**MAXIMUM WATER INLET TEMPERATURE**

Fill with the highest city water temperature, the worst days

 °C  °F

**REQUESTED WATER TEMPERATURE (min 2°C)**

Even the chiller can always reach 2°C, which is the temperature normally requested?

 °C  °F

*\* CASE SINGLE MIXER*

**MAXIMUM BATCH**

Indicate the highest water amount required for a single dough mixing. Not the sum or hourly sum of different doughs.

In case of different recipes consider the highest one.

 L  lb

**NUMBER OF BATCHES PER HOUR**

Maximum number of batches in one hour, considering all the batches

 nr.

**MORE THAN ONE BATCH PER KNEADING?**

\* Indicate if particular recipes are performed, where the water is filled in different moments

 YES  NO

**PROCESS DESCRIPTION**

Indicate any special details

*\* CASE SEVERAL MIXERS*

**NUMBER OF MIXERS**

nr.

**SYNCHRONIZATION MIXERS**

Indicate if it's possible to synchronize the doughs to obtain regular intervals in the dosing process

Ie: having 3 batches/hour for mixer 1 and other 3 batches/hour for mixer 2, so one every 20 minutes for each mixer, is it possible to deliver 1 batch every 10 minutes alternating the mixers?

 YES  NO

**MAXIMUM BATCH**

**NUMBER BATCHES HOUR**

**MORE BATCHES?\***

LINE 2  L  lb

nr.

YES  NO

LINE 3  L  lb

nr.

YES  NO

LINE 4  L  lb

nr.

YES  NO

LINE 5  L  lb

nr.

YES  NO

LINE 6  L  lb

nr.

YES  NO

**NOTES:**

COMPANY:

E-MAIL:

COUNTRY:

PHONE:

FAX: