

EQUIPMENT SELECTION WORKSHEET



Please return by E-mail : info@side-industrie.com or by Fax : +33(0)1 60 39 51 80

Project ref : _____
 Project location : _____

Company : _____ Contact : _____
 Address : _____
 Tel : _____ Email : _____
 Fax : _____

For SIDE use only

Date : _____

Name : _____

Type of client : _____

Reply deadline : _____

DIP Systeme®
 SIDINOX
 PM
 DomoDIP®

Wall flange
 Curved
 Plug type Flat
 Guillotine vanne DN : _____
 DIP _____ / _VV - _____ kW
 X I
 D C
 L Y
 U P
 ALC panel
 OmniDIP® Wheel DIPCut®

Sensor cable L : _____ Lfm
 Motor cable L : _____ Lfm
 Support leg
 Swing check valve DN _____
 Discharge valve DN _____
 Flow meter
 H2S Compressor
 Drainage pump kit

Double door cabinet
 Street Enclosed area
 Base mounted Industry
 Wall mounted

Remote surveillance Sofrel
 RTC WIT
 GSM Perax

Commissioning by phone
 On site commissioning
 Consuel
 Assembly assistance

Crate packaging
 Factory dispatch
 Delivered unloaded
 Delivered loaded

Attached documents :
 Sketch
 Plan
 CCTP (Technical file)
 Photos

Notes : _____

