



QUESTIONNAIRE

Selection of a pumping unit fire fighting

Company name: _____
 Object name: _____
 The contact person: _____
 Phone / fax / e-mail: _____

Required flow of the main pump Qnom	m ³ / hour
Overpressure at suction	бар
Required discharge pressure at nominal flow	бар
Pumped medium	
System type:	спленкерная дренчерная
Firefighting	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
Jockey pump control	Yes No
Jockey pump parameters	_____ NoPrP(V/P) _____ N
Optional equipment for jockey pump: Pressure switch: range Pon / Poff Diaphragm tank	бар <input checked="" type="checkbox"/> _____ <input checked="" type="checkbox"/> P/N Q/V/P _____ бар
Sump pump control	pump with built-in float pump and float separately
Control and switching of a gate valve with an electric drive	yes (indicate the number of valves) _____ No
Brand and type of valves used	
Gate valve drive supply voltage, nom. and start.	
Dry contact rated current (control signal)	A
Dry contact rated current (alarm signal) 1x220V	A
Foam pump control	Yes No
Brand and type of used foam concentrate pumps	
Required cable length between pumps and cabinet control (if installed separately)	m
Signal output (dry contact 1x220V) to remote dispatch panel	Yes No
What signals need to be output	
Other requirements	

Date: « _____ » _____ 20 _____ y Responsible person _____ / _____

*You must download the file, fill it out, save and send to info@reef-eco.ru mail.
 Before sending a letter, please make sure that file is full.*