

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 Q _{nom}	m ³ / hour
Overpressure at suction	bar
Required discharge pressure at nominal flow	bar
Pumped medium	
System type:	splenker deluge
Firefighting	water foamy
Jockey pump control	Yes No
Jockey pump parameters	Q _{nom} = _____ m ³ / hour, H _____ m
Optional equipment for jockey pump: Pressure switch: range P _{on} / P _{off} Diaphragm tank	bar volume V = _____ l, nominal pressure P _N = _____ bar
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 _____ / _____

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