



Application Survey

page 1/2

Coatings made in Germany - since 1960

The information handed over to us must be fully correct and complete. This is the base for our final technical judgement and recommendation. We will contact you as soon as possible. We will handle your inquiry confidentially. Many thanks.

Your Data

Date:

Surname

First name

E-mail

Telephone

Company (Name, Address, Department)

Description of object

Name of object to be coated / repaired

Size/Area involved: (of the repair spot)

Object Condition: (age, former coatings)

Substrate material

Problem description: (As detailed as possible)

What alternatives had been used before or are in consideration:

What life-time had been achieved so far:

What minimum life-time is expected after treatment:





Application Survey

page 2/2

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Mechanical impact

Additional mechanical impact: (frequent forces, impact, etc)

Surface can be grit blasted, or are there any limitations in terms of surface preparation?

Chemical impact

Chemicals involved: (precise chemical definition)

Formula

Form: (liquid, gaseous, solid)

Concentration

pH-Value

Impurities: (If, what kind)

Motion of the chemical media: (flow, static, feeding speed, etc.)

Cavitation

☐

yes

☐

no

Contact time between our coatings and chemicals:

minutes/ per hour

Form of contact: (immersion, splash, spill, fumes)

Thermal impact

Average temperature °C

minimum temperature °C

maximum temperature °C

Temperature difference: °C

Duration of max. temperature in hours

Thermal shock

☐

yes

☐

no

Other remarks

send