

External Sales NEEDS ASSESSMENT

Company Name: _____ **DATE:** ____/____/____

Contact Name: _____

Position: _____

Contact Info:

Address _____

Phone# _____ E-Mail, _____

Cell Phone _____ Web site _____

Projected Decision to be made ____/____/____ (dd/mm/yyyy)

Expected installation date ____/____/____ (dd/mm/yyyy)

1. Environmental Issues (please circle)

A. Outside (ie: local ecology) Pond, River Fields

B. Inside - (ie: atmosphere concerns) ventilation, Human/animal exposure,

C. Other concerns (please specify)

2. Contaminants

A. Test Completed by organization _____ Yes / No

If Yes - Date: _____ Lab _____

3. Solids/ Particles in water? Yes / No If Yes _____ (PPM)

Please list the particles _____

4. Volume (GPH) _____ and Max daily volumes required

5. Filters, if required are needed for:

A. Suspended solids:

Starting range _____, desired results _____

B. For drinking water

GPH desired _____

C. Immediate Downstream ecology concerns, please list: _____

6. Purpose for Ozone Purification (circle all that apply)

Industry: irrigation

drinking

soil contamination

Medical application

exhaust control

sent control

Fish farm

waste water treatment

Chlorine alternative

Other(s) _____

7. Water Purification Space (requirements)

1. Stationary

In building

A. Existing

B. Build new

C. With landscaping

Under Ground

A. Accessible panel

B. Confined space

C. Maintenance room

2. Mobile System

A. Trailer

B. Truck/ Van

C. Boat