

**BOKFARD - QUESTIONNAIRE**

**Steam Sterilization System**

Date:	
Company Name:	
Address Street City, State, Zip	
Your Name:	
Phone:	
Fax:	
Email:	

1. Material to be treated.

Name	
Type	
Origin	
Shape	
Particle size	

2. Purpose of treatment:

	Sterilization
	Partly gelatinizing
	Totally gelatinizing
	Enzyme inactivating
	Stabilization
	Other treatments

3. Capacity of the installation:

	lbs./hr	kgs/hr
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4. Particulars about the raw material to be treated:

	Moisture content
	Bulk Density

Please send in 2-lbs. sample if possible with MSDS

5. Solutions to be added to the product during the process such flavor, salt etc.:

	Name
	Amount

6. Remarks \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*Please fax or email this Questionnaire to:  
 (513) 870-5173 - or - info@ventilex.net*