

**OBERLIN FILTER COMPANY
COOLANT TEST FORM**

Please Print Clearly. No PO Box Addresses Please

Company Name: _____ Date: _____

Address: _____

City/State: _____

Contact Person: _____

Telephone: _____ Fax: _____

Mfg Rep: _____ Company: _____

Oberlin Project Engineer: _____

Form Filled In By: _____

OBJECTIVE

Present Method Of Separation: _____ Media: _____

Project Objective: _____

COOLANT

Type Of Coolant: (Synthetic Oil Water Soluble) Brand: _____

Operating Temperature: _____ Density/SG: _____ pH: _____ Viscosity: _____

Tramp Oil Significance: _____ Comments: _____

PROCESS INFORMATION

Flowrate: _____ gpm

Expected Solids Loading In Feed Would Be _____ (e.g., pounds/8 hour shift)

Workpiece - Material: _____

- Operation: _____

- Finished Product: _____

- Clean Return Pressure: _____

Is Filter Aid Allowed? _____ Any Preference? _____

Maximum Allowable Filtrate Solids (in PPM or MG/Liter): _____

ANY KNOWN HAZARDS? Please Comment: _____

Please Include All Applicable MSD Sheets.

COMMENTS: _____

Please submit test samples prepaid. Test samples/materials will be returned to the sender prepaid.