

OBERLIN FILTER COMPANY FRYING OIL TEST FORM

Please Print Clearly. No PO Box Addresses Please.

Company Name: _____ Date: _____
Address: _____
City/State: _____ Zip: _____
Contact Person: _____
E-mail address: _____
Telephone: _____ Fax: _____
Mfg Rep: _____ Company: _____
Oberlin Project Engineer: _____
Form Filled in By: _____

OBJECTIVE

Present method of separation: _____ Media: _____
Project objective: _____

OIL

Type of Oil: _____ Brand: _____
Operating Temperature: _____
Comments: _____

PROCESS INFORMATION

Size of Fryer: _____ gallons
Pounds per hour would be: _____ (e.g., pounds / 8 hour shift)
Workpiece - Cooked Product: _____
- Type of Solids: _____
- FFA Removal: ___ Yes ___ No
- Treatment type: ___ Continuous ___ Batch
Is filter aid allowed? _____ Any preference? _____
Comments: _____

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.

This document and the information hereon is the property of the Oberlin Filter Company. Any reproduction, transmittal to others, or use except that for which it is intended is prohibited. This document and all copies shall remain the property of Oberlin Filter Company, and shall be returned upon request.