

Reverse Osmosis System Optimization ServiceSM (SOS) Request Form

This form must be filled in with all the requested information and e-mailed with a Purchase Order to sos@dow.com before the System Optimization ServiceSM Process can begin. Once a purchase order and a completed form have been received you will receive an email containing a Return Authorization (RA) Number and shipping instructions. For assistance with a quotation for SOS requests - please contact your local sales representative.

System Optimization ServicesSM (S.O.S.)

Assessment of products returned by customers in order to determine its general status, source of performance issues or areas for optimization. In addition, the information collected in our lab results can be complemented with customer feedback and plant troubleshooting observations. The cost of this service will depend on the number and complexity of the tests required. The expected turn-around time for this service will be approximately 30 working days on average, starting when products are received at Dow testing sites. A complete report including the main relevant findings is included in the service. Different types of services are available.

Reverse Osmosis/Nanofiltration Services:

Service Package requested:

	Reverse Osmosis/ Nanofiltration Services			
	Service Package 1	Service Package 2	Service Package 3 (*)	Service Package 4 (*)
Visual inspection	•	•	•	•
Performance Test	•	•	•	•
Autopsy		•	•	•
Fouling Identification		•	•	•
Chemical Degradation		• (optional)	• (optional)	• (optional)
Conventional cleaning			•	•
Special cleaning				•

(*) Ideally two RO/NF elements are needed for Services Package 3 and 4

Water analysis and special tests are available upon request. Contact your Dow Representative for detailed information.

Section 1: Must be completed for all returns independent of the technology

Dow Water Solutions offers products testing services to its customers for a nominal fee.

Please indicate Purchase Order (PO):

DOW TS&D Contact:

DOW KAM Contact:

Product Return Details		
Name		
Company		
Plant Name		
Address		
City	State	Country
Postal Code/Zip		
Phone		
Fax		

Invoice to be sent to		
Name		
Company		
Plant Name		
Address		
City	State	Country
Postal Code/Zip		
Phone		
Fax		
e-mail		

e-mail

Section 2: System Optimization Services SM

Reverse Osmosis Elements:

Number of membrane elements sent for SOS:

(Attach separate sheet if needed with S/N's)

Product Model(s)	Serial Number(s)	Date installed	Element Position (lead, tail, etc...)	Symptoms Description (Low Flow, poor rejection...)

System Information – Required for RA number to be provided

Application Industrial/Power Specialties Municipal
 Pharma Oilfield Others, please indicate:

trains: # stages: # pressure vessels in each stage: # elements per pressure vessel:

Permeate flow: System recovery (%): Feed water temperature: °C °F

RO or NF Pretreatment: UF Sand/Media Coagulation Cartridge Other (describe)

Feed water source: Surface Water Ground Water Salt Water (Ocean/Sea) Municipal Waste Water
 Industrial Waste Water Other (Please describe)

Chemicals used for cleanings (if any)

Feed water chemistry available? YES (attach separately) NO

Operational data available? YES (attach separately) NO

