



## Efilters Site Survey Form

Please provide as much info as possible, with photos - no such thing as too much!

Date Surveyed:		Address:	
Location Number:		Location Name:	
Location Contact Name:		Title:	Phone#:
Location Type:		Hours of Operation:	

Restaurant / Cafe / Long Term Care / Hospital / Other

### SITE DETAILS

Description	Circle One	Details/Comments
Installation type:	New Construction / Retrofit	
If Retrofit, are we displacing competitive filters? Yes / No		
Is the equipment close to each other or far apart? Are you thinking of one central system or individual systems?		
Type of Water Line	Copper / PVC / Other	
Inlet pipe size:	1/2" 3/4" 1" 1-1/4" 1-1/2" 2" Other:	
Inlet water pressure:		Add'l comments:
Any space restrictions:		
Is there any previous water testing data? (If yes, please attach report or take a picture of findings)		
If no, will you be collecting a sample?		
Will you be doing the installation?		
Will you be doing the ongoing maintenance?		

WHAT ARE THE COMPLAINTS/CONCERNS?


Existing Equipment:	Make	Model	Qty.		
Ice Maker:					
Is Ice Maker air or water cooled?					
Coffee Brewer(s)					
How many pounds of coffee per month do they use?					
Espresso					
Fountain Pop / Juice	# of carbonators:				
How many BIB's (bag-in-a-box) do they use per month?					
Steam					
Other:					

ADDITIONAL COMMENTS/ DETAILS


Completed by:	Company Name:
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Thank you for completing this site survey. Please forward to: info@efilters.ca