

Please indicate if already available:

BOLZTHERM No.	SYS-
Previous Sample No.	

Client

Company	
Address	
ZIP, City	
Name	
Phone	
E-Mail	

System Operator

Company	
Address	
ZIP, City	
Name	
Phone	
E-Mail	

Heat Transfer Fluid Sample

Brand Name Heat Transfer Fluid	
Sampling Date	
Sample temp. at time of collection [°C]	

System / Installation

System name	
Manufacturer of the heat transfer system	
Date of system filling	
System volume [liter]	
Max. operating temperature (outlet heater) [°C]	
Return temperature (inlet heater) [°C]	
Min. operating temperature (e.g. cooling systems) [°C]	
Nitrogen blanket	Yes No
Remarks / Problem description	

Please send the sample along with the completed form to:

Bolztherm GmbH
Laboratory
Opelstrasse 12
48599 Gronau
Germany
info@bolztherm.com

If you already have sample report from this system, it would be helpful to provide the most recent one