MEMBRANE RETURN FORM

IMPORTANT: When returning a membrane, please ensure that it does not dry out. Please enclose the membrane while it is still wet in a sealed bag for shipping.

Please fill out the fields below as completely as possible.

Company Name _____ Account # _____ Date _____ PO # _____

Reason for Return

Detailed Description of Issue

Length of System Operating Time Before Issue Started _____ Membrane Purchase Date _____

Membrane Manufacturer _____ Membrane Model _____ Membrane Serial # _____

Membrane Array (e.g., 1:1) _____ Membrane Position in Array (for Systems With Multiple Membranes) _____

Application

Water Source: ☐ Municipal ☐ Well ☐ Surface ☐ Other (Specify): _____

Water Analysis Data (if Available)

Customer Membrane Test Data (if Tested)

Pre-treatment Filters or Media? ☐ No ☐ Yes (Specify): _____

Post-treatment? ☐ No ☐ Yes (Specify): _____

Feed TDS _____ Permeate TDS _____ pH _____ Water Temp (°F/°C) _____

Pump PSI _____ Concentrate PSI _____

Permeate PSI _____ Concentrate Flow (GPM) _____ Permeate Flow (GPM) _____

Backflow Device/Check Valve Installed on Permeate After Membranes? ☐ No ☐ Yes (Specify): _____

Customer Requests Membrane to be Returned After Testing? ☐ Yes ☐ No **Chlorine Residual?** ☐ Yes ☐ No

Permeate Bladder Tank? ☐ Yes ☐ No **Permeate Atmospheric Tank?** ☐ Yes ☐ No