



Vibrex Evaluation Questionnaire

Company Name: Address: Contact: Phone:		Date:		Time:	
Company Representative:		Trade Channel:			
		Grayson Representative:			
Area of Treatment: Expected install timeframe:		Antimicrobial Intervention Program Application:			
Specifics of Treatment: What crop/produce is going to be treated? Is treatment prior or during wash?					
Amount of water/liquid/area/gas to be treated including flowrate and daily usage (min/max):					
What is the approximate water pressure in the line and what size/type is the pipe?					
What are the microbial loadings of area to be treated?					
If known what pathogens or chemicals are to be treated or controlled?					
Is there any existing treatments employed. If so what treatment. Include recycling treatments.					
What other chemical agents are present?					
Does the process include microbial processes eg: biological reactors etc. If yes, what part of the process?					
What contact time will be available?					
What is the pH of the medium to be treated?					
Does the area have a high/low organic loading?					
Comments:					
Our Recommendation:					
<i>Please attach images of existing equipment or potential site location</i>					

Product:	Available Chlorine Dioxide Concentration:	Dangerous or Non Dangerous:
Precursors:		
Vibrex Hortiplus	30,000 ppm	DG
Vibrex Horticare	20,000 ppm	Non DG
Bioplus 7.5	45,000 ppm	DG
Bioplus 5	30,000 ppm	DG
Bioplus 3	20,000 ppm	Non DG
Activators:		
Vibrex H3 Activator		DG
Vibrex M12 Activator		Non DG
Vibrex H9 Activator		DG
Vibrex P6 Activator		DG



GRAYSON AUSTRALIA
 Unit 4/7-9 Newcastle Road Bayswater
 Vic 3153
 E info@graysonaustralia.com
 P 03 8727 6900

