Dow Water Solutions Claim Evaluation Form

This form must be filled in with all the requested information and e-mail to sos@dow.com before the Claim Process is started. You will receive an email containing a Return Authorization (RA) Number and shipping instructions.

Claim Evaluation: Complete Sections 1 & 2 (Section 2 – Fill out section based on technology)

A return authorization (RA) number will be provided to start the process to assess products supplied by Dow. The RA number will be provided only once the required operational data and information related to the installation is provided by the customer. Products returned to Dow facilities without proper identification (RA number) will be disposed. As a result of the assessment of any Warranty Evaluation (WE) claim, an acceptance or Denial letter will be issued. No cost or chargeable fee associated. Cleanings or any other activity intended to improve the performance of the installation where the products are operated are excluded from the scope of any claim.

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

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

DOW Representative Contacts

Have you contacted a Dow Representative?	Yes	NO
DOW TS&D Contact:	E-mail:	
DOW KAM Contact:	E-mail:	

Section 2: Technology Evaluation

Type of warranty prov 3 Year Element \	<u> </u>	System Warranty	/ Other (Desc	ribe)	
Reverse Osmosis Ele	ments:				
Number of membrane of Total number of membrane	elements sent for WE:	be affected:	(Attach separate	sheet if needed with S	S/N's)
Product Model(s)	Serial Number(s)		Element Position (lead, tail, etc)	Symptoms Descri (Low Flow, poor re	
_	ntion - Required		Authorization	number to be	provided
— Pha		 .	field	Others, please	e indicate:
# trains: # st	ages: # press	ure vessels in ea	nch stage: #	t elements per pressu	re vessel:
Permeate flow:	System recovery (%	s):	Feed water ten	nperature:	□°C □°F
RO or NF Pretreatment	:: UF Medi	a 🗌 Coag	ulation	idge	(describe)
Feed water source:	☐ Surface Water ☐ V	Vell Water	Salt Water (Ocean/Sea) 🗌 Mun	icipal Waste Water
	Industrial Waste Wate	er 🗌	Other (Please desc	ribe)	
Chemicals used for clear Feed water chemistry a Operational data avialb	available?	ttach separately ttach separately	<u> </u>		
Performance Da	ata and Feed Wa	iter Charac	terization		
Attach Normalized Ope recent feed water analy	erational Data (i.e: Norma vsis.	alized Permeate	Flow, dP progress, I	Normalized Salt Rejec	tion, etc) and
Typical tests pe	erformed in a wa	arranty eva	luation		

	Reverse Osmosis/ Nanofiltration Evaluations
Visual inspection	•
Performance Test (if possible)	•
Autopsy (only visual inspection)	•
Chemical Degradation	•

Ultrafiltration Modules:

Number of modules sent for WE:	(Attach separate sheet if needed with S/N's)
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Total number of modules that may be affected:

Product Model(s)	Serial Number(s)	Date Installed	Module Position on Skid	Symptoms Description (Low Flow, high TMP)

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te:
cle: ^g /h): quency:
al Waste Wate
ted Carbon

Typical tests performed in a warranty evaluation

	Ultrafiltration Evaluations
Visual inspection	•
Flux Test	•
Integrity Test	•
Autopsy (if applicable)	•

Ion Exchange Resins (for performance claims):

Number of resin samples sent:

(Attach separate sheet if needed production batch number)

Total number of vessels that may be affected:

Product Name(s)	Resin Type(s) (SAC, SBA, WAC,WBA)	Vessel Number (1,2,A, B)	Samples (1)	Regenrated or exhausted	Symptoms Description

⁽¹⁾ Please indicate if the sample was taken from the top (T), middle (M), bottom (B) of the bed or if it is an average sample

Persistent or	Recurring	Problems:
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WATER :	Softening Demi	n 🔲 Industrial Water	☐ Power	Condensate Polishir	ng 🔲 Ultrapure Wate
SPECIALTY	☐ Industrial Proc	ess (Catalysis, Mining, Ch	emical Proces	ssing)	Bioprocessing
	Nutrition	Others. Please, specify			

Vessel for Sample	1	2	3	4	5	6
Identification						
Diameter (ft/m)						
Height of Resin Bed (ft/m)						
Height of Vessel (ft/m)						
Resin Type						
Lot Number(s), if possible						
Approx. Date Installed(Mo\Yr)						
Has it Been Topped Off?						
Approx. Rebed Time, months						
Regenerant Used and Concentration						
Regeneration Temperature Range						
Regeneration Flowrate						
Regeneration Volume						
Co- or Counter-current Regeneration Mode?						
Cross-Regeneration Frequency						
Cross-Regeneration Used and Concentration						

Typical tests performed in a performance claim

	Resins Evaluations
Visual inspection	•
Total Exchange Capacity	•
Moisture Retention Capacity	•
Microscopic bead examination	•
Partcile Size Distribution	•
Whole Bead	•

