

XIAOYA GROUP

Hypochlorous Acid Generator Selection & Recommendation Form

Customer Name		Phone	
Contact Person		Email	
Selection & Recommendation			
	Item	Customer Requirements	
1	Industry (Application Scenario)		
2	Disinfection Area / Object	☐ Floors ☐ Equipment ☐ Air Spraying ☐ Soaking ☐ Wastewater ☐ Fruits & Vegetables ☐ Others_____	
3	Current Disinfection Method:	☐ Sodium Hypochlorite ☐ Alcohol ☐ Purchased Ready-to-Use HOCl ☐ Others_____	
4	Pain Points of Current Solution:	☐ High Cost ☐ Pungent Odor ☐ Strong Corrosiveness ☐ Hazardous Chemical Storage Hassle ☐ Unstable Disinfection Efficacy ☐ Compliance Audit Failure ☐ Manual Solution Preparation Hassle ☐ Residue Issues ☐ Others_____	
5	Usage Mode	☐ Intermittent Use ☐ 24h Continuous Production	
6	Electrolyte	☐ Table Salt ☐ Dilute Hydrochloric Acid	
7	Target HOCl Concentration & pH Value	_____ ppm ; PH _____ (2-7)	
8	Disinfectant Consumption	Hourly:_____L; Daily total consumption :_____L; Peak maximum usage:_____L	
9	Solution Usage:	☐ Use Immediately After Production ☐ Storage Tank ; Storage Duration: _____ hours	
10	Feed Water Source:	☐ Tap Water ☐ Well Water/Groundwater; Water Softener: ☐ Yes ☐ No	
11	On-site Power Supply	☐ 220V Single phase ☐ 380V Three phase ; Plug standard: _____	
12	On-site Conditions	Installation Space _____; Drainage: ☐ Yes ☐ No; Ventilation: ☐ Good ☐ Fair ☐ Poor	
13	Auxiliary Requirements (to be confirmed)	☐ Storage tank ☐ Dosing pump ☐ Spray pipeline ☐ Online pH value detection ☐ ORP controller ☐ Residual chlorine monitoring ☐ Linkage with existing system ☐ Water purification equipment ☐ None	
14	Certifications / Third-Party Test Reports Required?	☐ Yes ☐ No	
15	On-site Electrician / Maintenance Personnel	☐ Yes ☐ No ; On-site Operator Role: _____	

16	Equipment Automation Requirements	☐ Fully Automatic ☐ Manual; Alarm & Data Traceability Required: ☐ Yes ☐ No
17	Accept Regular Consumable Replacement (Electrodes, Filters)?	☐ Yes ☐ No
18	Project Stakeholders	User Dept: _____ Technical Eval: _____ Procurement: _____ Final Decision Maker: _____ Payer: _____
19	Planned Project Implementation Date	
20	Budget Available?	☐ Yes ☐ No ; Budget Range:_____
21	Does On-site Ventilation Meet Hydrogen Emission Requirements?	☐ Yes ☐ No Rectification Needed: _____
Core Req uire men ts	Main Customer Concerns	☐ Complex Operation ☐ High Failure Rate ☐ High Consumable Cost ☐ High Salt & Power Consumption ☐ Others
	Top 2 Issues to Resolve:	① _____ ② _____
	Compared with Other Manufacturers?	☐ Yes ☐ No; Competitor Pros & Cons: _____

Please carefully complete all the above information and requirements. We will provide professional equipment selection based on the information you provide. For any inquiries, please contact our Sales Department at: +86 13964186800.