

Questionnaire | liquids

To solve your filtering problem, we require exact data about operating conditions and requirements.

We kindly ask you to fill out this questionnaire and send it back to us so that we can determine the suitable filter type for your application.

We will send you our quotation as soon as possible.

1.	Liquid to be filtered	_____	
	pH-degree	<input type="text"/>	
2.	Viscosity of the liquid	<input type="text"/> cSt. at	<input type="text"/> °C temp.
	Operating temperature	<input type="text"/> min °C	<input type="text"/> max °C
	Design temperature	<input type="text"/> min °C	<input type="text"/> max °C
3.	Operating pressure	<input type="text"/> max. bar	
	Design pressure	<input type="text"/> max. bar	
4.	Flow rate	<input type="text"/> m³/h	<input type="text"/> l/min.
5.	Allowable initial pressure drop in clean status	<input type="text"/> bar	
6.	Required grade of filtration	<input type="text"/> µm	
7.	Required type of filter	Single filter	<input type="radio"/>
		Duplex filter	<input type="radio"/>
		Automatic filter	<input type="radio"/>
8.	Location of the filter	Suction line	<input type="radio"/>
		Pressure line	<input type="radio"/>
9.	Shall the filter be heated ?	<input type="radio"/> Yes	<input type="radio"/> No
	Electric heating	<input type="radio"/>	
	Steam or water heating	<input type="radio"/>	<input type="text"/> °C <input type="text"/> bar
	Thermal oil	<input type="radio"/>	
10.	Quantity	<input type="text"/>	
11.	Details of contamination	_____	
12.	Location of installation	_____	
13.	Design Code & Inspection (others by request)	<input type="radio"/> ABS <input type="radio"/> AD 2000 <input type="radio"/> ASME VIII <input type="radio"/> Brazilian NR-13 <input type="radio"/> Bureau Veritas <input type="radio"/> DNV <input type="radio"/> others	<input type="radio"/> Germanischer Lloyd <input type="radio"/> KR <input type="radio"/> LR <input type="radio"/> NK <input type="radio"/> PED 97/23/EG <input type="radio"/> RINA
14.	Material for filter housing	<input type="radio"/> ductile cast iron <input type="radio"/> steel	<input type="radio"/> stainless steel <input type="radio"/> special material _____
15.	Required diameter	<input type="radio"/> DN	<input type="radio"/> inch
16.	Remarks / accessory	_____ _____ _____	
17.	Name	_____	
	Address	_____ _____	
	Telephone & e-mail	_____	