

## Questionnaire | Gas

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.	Application	<input type="radio"/> Seal Gas <input type="radio"/> Fuel Gas	<input type="radio"/> Others _____
<hr/>			
2.	Gas to be filtered ( <i>is it a mixture, please specify the percentage of the single gas / gas composition</i> )	_____ _____ _____	
<hr/>			
3.	Molar mass	<input type="text"/> kg/kmol	
	Operating temperature	<input type="text"/> min °C	<input type="text"/> max °C
	Design temperature	<input type="text"/> min °C	<input type="text"/> max °C
<hr/>			
4.	Operating pressure	<input type="text"/> min bar	<input type="text"/> normal bar
	Design pressure	<input type="text"/> max bar	
<hr/>			
5.	Flow rate	normal: <input type="text"/> kg/h	or <input type="text"/> Nm <sup>3</sup> /h
		max: <input type="text"/> kg/h	or <input type="text"/> Nm <sup>3</sup> /h
<hr/>			
6.	Allowable initial pressure drop in clean status	<input type="text"/> bar	<input type="text"/> rate of flow
<hr/>			
7.	Required grade of filtration	<input type="text"/> µm	or <input type="text"/> Beta value [β <sub>x</sub> =y]
<hr/>			
8.	Deposition	<input type="radio"/> Coalescer <input type="radio"/> Cyclon-Coalescer	<input type="radio"/> Particel filter <input type="radio"/> Cyclon-Demister
<hr/>			
9.	Required is	Single filter <input type="radio"/> Duplex filter <input type="radio"/> Duplex filter Double Block & Bleed <input type="radio"/>	
<hr/>			
10.	Quantity	<input type="text"/>	
<hr/>			
11.	Details of contamination	_____ _____	
<hr/>			
12.	Location of installation	_____ _____	
<hr/>			
13.	Design Code & Inspection <i>(others by request)</i>	<input type="radio"/> AD 2000 <input type="radio"/> ASME VIII <input type="radio"/> Brazilian NR-13 <input type="radio"/> Chinese ML <input type="radio"/> EN 13445 <input type="radio"/> Nace	<input type="radio"/> U-Stamp <input type="radio"/> PED 2014/68/EU <input type="radio"/> TR CU 010 (EAC) <input type="radio"/> TR CU 012 (EAC) <input type="radio"/> TR CU 032 (EAC) <input type="radio"/> Others _____
<hr/>			
13a	API 614 / API 692	<input type="radio"/> Yes	<input type="radio"/> No
<hr/>			
14.	ATEX	_____ _____	
<hr/>			
15.	Material for housing	<input type="radio"/> Ductile Cast Iron <input type="radio"/> Steel <input type="radio"/> Stainless Steel	<input type="radio"/> Duplex <input type="radio"/> Special Material _____
<hr/>			
16.	Required diameter	<input type="radio"/> DN	<input type="radio"/> inch
<hr/>			
17.	Remarks /accessory	_____ _____ _____	
<hr/>			
18.	Name:	_____ _____	
	Adress:	_____ _____	
	Telephone & e-mail:	_____ _____	

