

Candle Filter Questionnaire

Enquire No.	<input type="text"/>		
Company Name	<input type="text"/>		
Address	<input type="text"/>		
Phone / Fax No.	<input type="text"/>	E-mail	<input type="text"/>
Contact Person	<input type="text"/>	Title	<input type="text"/>

Process Data

Liquid to be Filtered	<input type="text"/>			PH	<input type="text"/>	
Viscosity of Fluid	<input type="text"/>	cP	at	<input type="text"/>	°C	
Operation Temperature	Min.	<input type="text"/>	°C	Max.	<input type="text"/>	°C
Design Temperature	Min.	<input type="text"/>	°C	Max.	<input type="text"/>	°C
Operation Pressure	Min.	<input type="text"/>	Bar	Max.	<input type="text"/>	Bar
Design Pressure	<input type="text"/>	Bar				
Allowed Pressure Drop	<input type="text"/>	Bar				
Flow Rate	<input type="text"/>	m ³ /h	<input type="text"/>	L/min		
Required Grad of Filtration	Beta Value		<input type="text"/>	Example : Beta 10 > 200		
Type of Filter	<input type="checkbox"/> Simplex Filter	<input type="checkbox"/> Duplex Filter	<input type="checkbox"/> Automatic Filter			
Location of Filter	<input type="checkbox"/> Suction Line	<input type="checkbox"/> Pressure Line	<input type="checkbox"/> Return Line			
Filter Need Heating?	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
If Yes	<input type="checkbox"/> Electric Heating	<input type="checkbox"/> Thermal Oil	<input type="checkbox"/> Steam or Water Heating			
				Temperature	<input type="text"/>	°C
				Pressure	<input type="text"/>	Bar

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Contamination Detail

Mechanical Design

Design Code

DIN EN 13445

ASME VIII.

AD 2000

Brazilian NR-13

k.A.

Lloyds

TÜV

ABS

U-Stamp

PED 97/23/EG

Gost-R

Chinese ML

Bureau Veri

DNV

Germanischer Lloyd

Others

API 614

Yes

No

Quantity of Machines

Required Diameter

DN

Or

inch

Material for Housing and Insert

Spheroidal Graphite Iron

Nace

Steel

Stainless Steel

Special Material

Remark and Accessory