

COMPANY:		TEL:	
CONTACT:		FAX:	
ADDRESS:		EMAIL:	
		DATE:	
END USER:		INSTALLATION	
REF:		LOCATION:	

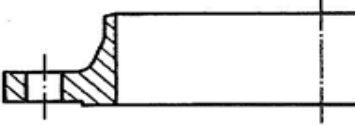
WORKING CONDITIONS: (Information requested for any enquiry)

Working Pressure (0 if Vacuum) (bar)		Medium:	
Working Temperature(°C):		State:	Gas <input type="checkbox"/>
Designed According to a Construction Code	<input type="checkbox"/>		Liquid <input type="checkbox"/>
If Yes, Which One (ASME, CODAP...)			Vacuum <input type="checkbox"/>

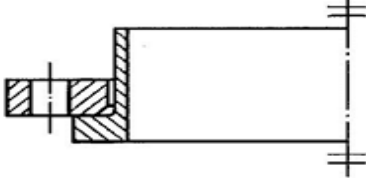
CONFIGURATIONS (Information requested for any enquiry)

Existing Assembly Standard Flange Pipe Material: _____


Assembly Could Be Changed



Flange

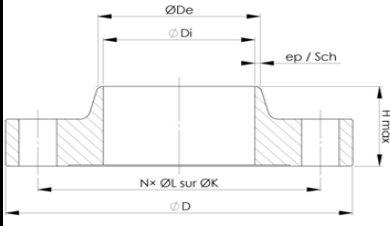


Rotatable Flange



Blind Flange

FEATURE Please Provide Drawing (Information requested for any enquiry)



Pipe	Flange
ØDi= _____	N (Nb of bolts)= _____
ØDe= _____	ØL= _____
ep/Sch= _____	ØK= _____
	ØD= _____
	H max= _____

Flange Material: _____

Bolt Material: _____

Seal Type

Helicoflex HN100/200	<input type="checkbox"/>	Graphite	<input type="checkbox"/>
Helicoflex HL290P	<input type="checkbox"/>	Machined PTFE Seal	<input type="checkbox"/>
Elastomer O-Ring	<input type="checkbox"/>	Other:	_____
		Material:	_____
		Thickness=	_____

Seal Definition

InnerØ= _____	OuterØ= _____	Thickness= _____
Pa/Y2= _____	m= _____	

OTHER:

Process		Leak Rate Requested
Temperature Cycles: _____	Life Time: _____	Helium: _____
Pressure Cycles: _____	External Moments: _____	Flow: _____
Differential Dilatations: _____		Other: _____
Previous Solution (Assembly type, results): _____		
Solutions Considered: _____	Quantity: _____	pcs/year
Comments: _____		Issuer: _____
		Date: _____