

Process Filtration Worksheet

Company _____

Contact Name _____

Department _____

Contact Title _____

Street _____

City, State, Zip _____

Phone _____ Fax _____

Date _____ E-mail _____

Providing the following information will allow us to determine the most appropriate process filter for your particular application.

Description of Application: (add schematics as needed) _____

Type of Fluid _____	Flow Rate _____ gpm
Operating Pressure _____ psi	Design Pressure _____ psi
Operating Temperature* _____ °F	Design Temperature _____ °F
Filtration Rating _____ µm	Viscosity _____ SUS
Dirt Content _____ mg/l	Voltage*** _____

Desired Filter (please check)	Single Filter housing	Duplex Filter Housing	Self-Cleaning Filter	No Preference
Element Type** (please check)	Disposable	Recyclable	No Preference	
Dirt Alarm** (please check)	Optical	Optical Electrical	No Preference	

Material Requirements (if any) _____

Characterization of Contamination

Pressurized Air Service?*** No Yes If yes, please indicate pressure _____ psi

Connection Inlet / Outlet _____

Required Third Party / Certificate? _____

Quantity _____

Comments (Please attach any applicable drawings) _____

*Please contact factory if the maximum temperature exceeds the fluid's boiling point.
 **Not for the Self-Cleaning Filter.
 ***Only needed for the use of a Self-Cleaning Filter.