

# 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

Desired Filter (please check)     Simplex filter     Duplex Filter     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 \_\_\_\_\_

Dirt Content \_\_\_\_\_ mg/l | Voltage\*\*\* \_\_\_\_\_

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.