

Date: _____ Company Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Company Contact Name: _____

Phone Number: _____ Email: _____

Company Reference Number: _____

Application/Process Description: _____

	VAPOR SIDE	LIQUID SIDE
Vapor/Fluid		
Flow Rate	_____ ACFM _____ lb _{da} /min _____ SCFM _____ lb _{da} /min	Two are required for design: _____ GPM
Inlet Temperature	_____ Dry Bulb _____ Saturated _____ Wet Bulb	_____ °F
Outlet Temperature	_____ °F	_____ °F
Design Pressure	_____ in. WC	_____ PSIG
Design Temperature	_____ °F	_____ °F
Allowable Pressure Drop	_____ in. WC	_____ PSI

Gray fields are required.

GENERAL DESIGN CRITERIA	
Vapor Flow Direction:	<input type="checkbox"/> Vertical <input type="checkbox"/> Horizontal
If Vertical:	<input type="checkbox"/> Upflow <input type="checkbox"/> Downflow
Installation Elevation or Atmospheric Pressure:	_____
Envelope Restriction:	_____ " Length × _____ " Width × _____ " Height <i>See drawing to the right for L, W, and H definitions.</i>
Maximum allowable envelope (including manifolds) for rigging and final installation:	_____ " Length × _____ " Width × _____ " Height
Materials of construction:	<input type="checkbox"/> 304/304L <input type="checkbox"/> 316/316L <input type="checkbox"/> Carbon Steel <input type="checkbox"/> Other If other, please specify: _____
Access doors required:	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, number and location:	_____
Duct mates to existing flange:	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, flange size and bolt pattern:	_____
Header connection orientation:	<input type="checkbox"/> "T" Style <input type="checkbox"/> Flanges on ends
Desired connection size (to be determined at final design):	_____
Lifting orientation:	<input type="checkbox"/> Vertical <input type="checkbox"/> Horizontal <input type="checkbox"/> Both
Vent and drain required in headers:	<input type="checkbox"/> Yes <input type="checkbox"/> No
ASME Stamp required:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Installed Location:	<input type="checkbox"/> US <input type="checkbox"/> Canada <input type="checkbox"/> Other: _____

