





**QUESTIONNAIRE FILTER FOR GASEOUS MEDIA**

**1 CONTACT INFORMATION**

- 2 Company
- 3 Name
- 4 Street, No.
- 5 ZIP, City
- 6 Country
- 7 Phone
- 8 Fax
- 9 eMail


**10 FILTER MEDIUM**

- 11 dynamic viscosity
- 12 temperature
- 13 density

min.	<input type="text"/>	design	<input type="text"/>	max.	<input type="text"/>	Name	<input type="text"/>
min.	<input type="text"/>	design	<input type="text"/>	max.	<input type="text"/>		Pas
min.	<input type="text"/>	design	<input type="text"/>	max.	<input type="text"/>		°C
							kg/m³

**14 SYSTEM PRESSURE / FLOW RATE**

- 15 flow rate at standard conditions
- 16 flow rate at service conditions
- 17 pressure

min.	<input type="text"/>	design	<input type="text"/>	max.	<input type="text"/>	Nm³/h
min.	<input type="text"/>	design	<input type="text"/>	max.	<input type="text"/>	Bm³/h
min.	<input type="text"/>	design	<input type="text"/>	max.	<input type="text"/>	bar (g)

**18 FILTER DATA**

- 19 type

<input type="checkbox"/>	single		
<input type="checkbox"/>	duplex (change-over)		
<input type="checkbox"/>	automatic		
<input type="checkbox"/>	suction line	<input type="checkbox"/>	pressure line
<input type="checkbox"/>	other:	<input type="text"/>	
<input type="checkbox"/>	flanges		
<input type="checkbox"/>	threaded		
<input type="checkbox"/>	welded		

- 20 installation

- 21 connection

<input type="checkbox"/>	flanges		
<input type="checkbox"/>	threaded		
<input type="checkbox"/>	welded		

- 22 material of the casing

- 23 material of the filter element

- 24 material of the gaskets

- 25 allowed pressure loss of clean filter

- 26 allowed pressure loss of dirty filter

- 27 degree of filtration

- 28 details of contamination


**29 ACCESSORIES**

- 30 differential pressure indicator with optical display
- 31 additional with electric contact (normally open)
- 32 additional with electric contact (change-over)
- 33 alternative with pneumatic signal
- 34 pressure equalizing valve for easier change-over
- 35 over-pressure valve
- 36 magnetic drain plug

<input type="checkbox"/>	no	<input type="checkbox"/>	yes	at	<input type="text"/>	bar
<input type="checkbox"/>	no	<input type="checkbox"/>	yes	at	<input type="text"/>	bar
<input type="checkbox"/>	no	<input type="checkbox"/>	yes	at	<input type="text"/>	bar
<input type="checkbox"/>	no	<input type="checkbox"/>	yes	at	<input type="text"/>	bar
<input type="checkbox"/>	no	<input type="checkbox"/>	yes	at	<input type="text"/>	bar
<input type="checkbox"/>	no	<input type="checkbox"/>	yes	at	<input type="text"/>	bar

**37 SPECIAL DEMANDS / APPROVALS**


