

Questionnaire Stainless Steel Expansion Joints



COMPANY: _____
DEPT./NAME: _____
ADDRESS: _____
PHONE: _____ FAX: _____
INQUIRY / PROJECT-NO.: _____

TYPE OF EXPANSION JOINT (IF KNOWN): _____
SIZE (DN): _____
NUMBER OF PIECES: _____

OPERATION PRESSURE: _____ INSIDE _____ OUTSIDE _____
INTERMITTENT: _____ YES _____ NO _____

TEST PRESSURE: _____
OPERATION TEMPERATURE: _____ INSIDE _____ OUTSIDE _____
MEDIUM: _____

OUTER INFLUENCES: _____

MOVEMENT: _____ ELONGATION _____ VIBRATIONS _____
AXIAL + / - mm: _____
LATERAL + / - mm: _____
ANGULAR + / - mm: _____

FREQUENCY: _____

CONNECTIONS: _____

INNER PROTECTION SLEEVE: _____ YES / NO _____ OUTER PROTECTION SLEEVE: _____ YES / NO

OTHER REMARKS: _____

REQUIRED MATERIALS:
- BELOW: _____
- CONNECTION PARTS: _____
- INNER PROTECTION SLEEVE: _____
- OUTER PROTECTION SLEEVE: _____
- TIE RODS: _____

IF NO INFORMATION WILL BE GIVEN BY CUSTOMER, THE MATERIALS WILL BE SELECTED BY US ACCORDING TO THE KNOWN OPERATION CONDITIONS.