

CHEMICAL COMPATIBILITY OR NON-STANDARD OPERATING CONDITIONS INQUIRY

Send to:

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Field of application:

Name:

Fluid transported:

Position:

Company: _____

Operating temperature [°C and/or °F]*: _____

Contact: _____

Working pressure [bar and/or psi]: _____

Street: _____

Expected service life (yr): _____

City/State/Zip: _____

Concentration [%]: _____

Phone: _____

Ambient medium:

Fax: _____

E-mail: _____

Building Project Name:

Ambient temperature [°C and/or °F]: _____

Street: _____

Ambient pressure [bar and/or psi]: _____

City: _____

State/Province: _____

Date / Signature

SDS	attached	not attached
Fluid transported	<input type="checkbox"/>	<input type="checkbox"/>
Ambient medium	<input type="checkbox"/>	<input type="checkbox"/>

* If operating temperature and/or pressure vary over the year, please indicate typical monthly conditions below. This form may also be used for systems operating at conditions outside the standard ratings given in the Design and Planning Guide.
