

R.P. ADAMS P.O. Box 963 • Buffalo, NY 14240-0963 Tel (716) 877-2608 • Fax (716) 877-9385

AIR/GAS/STEAM FILTER DESIGN QUESTIONNAIRE

| Type Of Quotation: Budget Firm • Date Quote Required: • Approx. In: | | | | Installation Date: |
|---|---------------------|------------------|--|--------------------|
| CUSTOMER INFORMATION | | | | |
| Company Name: | | | | |
| Address: | | | | |
| Contact: | | | | |
| Telephone: | | | | |
| E-Mail: | | | | |
| PROCESS INFORMATION | | | | VALUE |
| Fluid Name: | | | | |
| Moleculer Weight of Gas: | | | | |
| Fluid Flow | SCFM | | | |
| | ICFM* | | | |
| | lb/hr | | | |
| Operating Temperature | °F | | | |
| Operating Pressure | PSIG | | | |
| Pressure Drop Allowed | PSIG | | | |
| Design Pressure | PSIG | | | |
| *If flow is in IOTM there is directly each install | | <u> </u> | | |
| *If flow is in ICFM, then indicate ambient co | | | | |
| Ambient Temperature | °F | | | |
| Ambient Pressure | PSIA | | | |
| Ambient Relative Humidity | % | | | |
| DESIGN INFORMATION | | | | |
| Design Basis: | R.P. Adams Standard | | | |
| Preferred Materials of Construction: | (| Cast iron 304 SS | | |
| Quote a condensate trap with this unit? | | YES | | NO 🗌 |
| | | | | |
| REMARKS: | | | | |
| | | | | |
| | | | | |
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Please complete the questionnaire and fax to R.P. Adams or e-mail to info@rpadams.com to permit us to evaluate the application and properly select and size the correct R.P. Adams product.

06/12 Form GP-1