



DATE submitted

____/____/____

VACUUM PUMP SELECTION QUESTIONNAIRE

CUSTOMER::		
COMPLETED BY:	EMAIL:	
	Office phone: (____)____-____	Cell: (____)____-____
CUSTOMER/END USER NAME :		
ADDRESS:		
CONTACT PERSON:	TITLE:	EMAIL:
		PHONE: (____)____-____

MAIN INFORMATION

New Installation Replacement* OEM

*If replacement

MFG BY: _____ MODEL: _____ S/N: _____ HP: _____

PUMP RPM: _____ TYPE OF DRIVE¹: _____ AGE OF UNIT: _____

TYPE OF PUMP REQUIRED Liquid Ring Rotary Vane Rotary Booster Other: _____

PLEASE DESCRIBE THE APPLICATION:	
MAIN ISSUES:	
FLOW NEEDED:	PLEASE SPECIFY UNIT USED <input type="checkbox"/> ACFM <input type="checkbox"/> SCFM <input type="checkbox"/> lbs/hr <input type="checkbox"/> m³/hr
VACUUM LEVEL:	PLEASE SPECIFY UNIT USED <input type="checkbox"/> Inches HgV <input type="checkbox"/> mm Hg Abs (torr) <input type="checkbox"/> Inches Hg Abs <input type="checkbox"/> psi
DISCHARGE PRESSURE:	PLEASE SPECIFY UNIT USED <input type="checkbox"/> Inches HgV <input type="checkbox"/> mm Hg Abs (torr) <input type="checkbox"/> Inches Hg Abs <input type="checkbox"/> psi
SUCTION GAS CHEMICAL COMPOSITION:	Please specify <input type="checkbox"/> By Volume or <input type="checkbox"/> By Weight (Attach table if multiple gases)

¹ Please specify if direct drive, belt drive or other (in this latter case further details are appreciated). **Specify pump**

INLET TEMPERATURE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Please specify if <input type="checkbox"/> Fahrenheit or <input type="checkbox"/> Celsius	SITE ELEVATION: (in feet Above Sea) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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TYPE OF PRODUCT REQUESTED

- Complete Vacuum Package (Pump, motor, cooling system, controls, etc)
- Pump set (pumps and motor)
- Bare shaft pump

(if bare shaft pump or pump set are selected please skip SYSTEM DESIGN, COOLING TYPE and SYSTEM MATERIAL OF CONSTRUCTION sections below)

TYPE OF VACUUM PUMP REQUESTED, PLEASE SPECIFY:

- DRY
- LIQUID RING
- ROTARY OIL SEALED OTHER (PLEASE SPECIFY)

SYSTEM DESIGN:

- No Recovery Partial Recovery Full Recovery
- Simplex Duplex Triplex Other

COOLING TYPE:

- Air Cooled Water Cooled

SYSTEM MATERIAL OF CONSTRUCTION:

- Carbon steel separator tank, while heat exchanger, piping and piping components to be made out of mixture of cast iron, brass, copper, carbon steel
- Non stainless steel components, without brass
- All stainless steel components with mixture of 304 and 316SS
- All stainless steel with only 316SS
- Other _____

PUMP MATERIAL OF CONSTRUCTION: (Select one)

- A** - Cast Iron Pump w/Ductile Iron Impeller and 420SS Shaft,
- B** - Cast Iron Pump with Bronze Impeller and 420SS Shaft,
- C** - Cast Iron Pump with 304 SS Impeller and 420SS Shaft,
- D** - Cast Iron Pump with 316 SS Impeller and 420SS shaft,
- E** - Cast Iron Pump with 316 SS Impeller and 316SS Shaft,
- F** - 316 SS All Wetted Parts
- G** - 316 SS All Parts
- OTHER** _____

PUMP MECHANICAL SEAL INFO:

- Standard mechanical seal plan
- OTHER (please state) _____

MECHANICAL SEAL ELASTOMERS:

- Viton
- Teflon
- Kalrez
- Other _____

UTILITIES ON SITE:

ELECTRICAL VOLTAGE: _____

- Single Phase 60 Hz
- Three Phase 50 Hz

WATER GPM CAPABILITY: _____

WATER TEMPERATURE: _____ °F °C

ELECTRICAL REQUIREMENTS:

- NEMA-4
- NEMA-12
- NEMA-7

If NEMA-7 is selected, state Class, Group and Division rating

MOTOR TYPE: (**TEFC STD**) _____

EXPLOSION PROOF SPECIFICATIONS (PLEASE SUBMIT DETAILED INFORMATION)

ADDITIONAL NOTES:
