

Corrosion-Resistant and Sanitary Blowers Application Data Sheet

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To obtain Application Engineering assistance or a quotation for your specific need, please photocopy this form, fill out as much as possible, and fax it back to Rotron. We look forward to working with you.

			GAS CONCENTRATION / DESCRIPTION		
	Percentage	Gas		Specific Gravity	
COMPANY _____	_____ %	_____	_____	(SG = _____)	
CONTACT _____	_____ %	_____	_____	(SG = _____)	
ADDRESS _____	_____ %	_____	_____	(SG = _____)	
ADDRESS _____	_____ %	_____	_____	(SG = _____)	
CITY _____ STATE _____ ZIP _____	100 %	_____	_____	(SG = _____)	
PHONE _____ FAX _____					

GAS CLASSIFICATION: Corrosive Yes No Explosive Yes No

AREA CLASSIFICATION: Corrosive Yes No Explosive Yes No

PERFORMANCE REQUEST: Fill in and circle choice

FLOW _____	SCFM	INLET TEMPERATURE _____	° (F / C)
INLET PRESSURE _____	PSI (A / G)	AREA AMBIENT TEMPERATURE _____	° (F / C)
OUTLET PRESSURE _____	PSI (A / G)	SITE ALTITUDE _____	(Ft / M)

APPLICATION DESCRIPTION: Attach sketch if necessary
