



Simplex, Duplex and Wye Strainer Application Assistance Form

Please complete the following form as completely as possible. All fields that have a red arrow "→" next to them must be filled out before the form can be sent to us. Optionally you may fax the information requested to our office at (973) 383-3184 or call us and provide it verbally at (973) 579-3184 between the hours of 8:30am to 5pm EST M-F.

We will contact you within 2 business days with specifications, pricing and delivery of a strainer that satisfies your requirements!

All fields that have a → pointing to them must be filled in to submit the form.

SECTION 1: CONTACT INFORMATION

| | | | |
|-------------------------|----------------------|---------------|----------------------|
| Company : → | <input type="text"/> | | |
| Contact: | <input type="text"/> | | |
| Address: | <input type="text"/> | | |
| City: | <input type="text"/> | State: | <input type="text"/> |
| Email Address: → | <input type="text"/> | Zip: | <input type="text"/> |
| Telephone#: → | <input type="text"/> | Fax#: | <input type="text"/> |

SECTION 2: FLUID INFORMATION

| | | | |
|--|----------------------------------|---------------------------------|------------------------------|
| Fluid to Be Strained: → | <input type="text"/> | | |
| Specific Gravity: → | <input type="text"/> | | |
| Solids to Remove: → | <input type="text"/> | | |
| Particle Size To Remove: → | <input type="text"/> | Inches | <input type="text"/> |
| Are They: (check all that apply) | <input type="checkbox"/> Soft | <input type="checkbox"/> Hard | |
| | <input type="checkbox"/> Fibrous | <input type="checkbox"/> Sticky | |
| Solids Concentration | <input type="text"/> PPM | <input type="text"/> %WT | <input type="text"/> %Volume |
| If you have a Desired Basket Perforation or Mesh Retention: | <input type="text"/> | | |

SECTION 3: FLOW CONDITIONS

| | | | | |
|-------------------|----------------------|-----|-------------------|----------------------|
| FLOW RATE: | | | | |
| Minimum: | <input type="text"/> | GPM | Maximum: → | <input type="text"/> |
| | | | | GPM |



(only fill-out Steam and Gas info if you have a steam or gas straining application for Y strainers)

FOR STEAM OR GAS ONLY:

OPERATING PRESSURE

OPERATING TEMPERATURE

Minimum: PSI

Minimum: F (Fahrenheit)

Normal: PSI

Normal: F (Fahrenheit)

Design: PSI

Design: F (Fahrenheit)

MAXIMUM ALLOWABLE PRESSURE DROP

Clean: PSI Dirty: PSI

Maximum percentage of basket clogging/filling:

Can Flow Be Interrupted To Clean Strainer Basket? Yes

SECTION 4: MATERIALS OF CONSTRUCTION & SIZING

Body & Cover: Other: O-Ring Material:

Connection Preference: 125lb or as required by flow conditions

Existing Pipe Size: Inches

SECTION 5: SPECIAL FEATURES AND OPTIONS

Select the Type of Strainer Desired:

Optional Accessories:

Pressure Switch Drain Vent Valve

Optional Features: *(not available on all strainers)*

Special Painting Requirements?

Special Coating Requirements?

Special Support Legs?

Cover Design:

Optional Documentation:

Approval Prints Certified Tests Chemical/Physical Certifications

Compliance Hydro Test Shock/Vibration Test



| | |
|----------------|---------|
| Certifications | Reports |
|----------------|---------|

SECTION 6: IMPORTANT CONSIDERATIONS

Application Overview: → (noting any limitations, constraints or requirements)

What Type of Strainer have you Used Previously?

This Equipment is Required Within: →

ACCEPTANCE NOTICE: The data submitted via this form is correct to the best of our knowledge. However, we do not assume any liability for the accuracy or completeness of this data. The final determination of suitability of product and information, use intended, manners of that use, or infringement of patents, is the responsibility of the user.

(Please indicate Agreement)

| | |
|--------|-------|
| Submit | Reset |
|--------|-------|

You can either Email the completed WORD DOCUMENT to support@industrial-strainers.com
OR
FAX ALL THREE PAGES OF THIS INQUIRY FORM TO 908.496.8080