|  |  |  |
| --- | --- | --- |
| **Aflex Sales Engineer:** | Click here to enter text. | **26 March 2012** |

**Customer Details: Section 1**

|  |  |
| --- | --- |
| **Company name:** | Click here to enter text. |
| **Customer Contact** | Click here to enter text. |
| **Contact telephone number:** | Click here to enter text. |
| **Contact email address:** | Click here to enter text. |

**Basic Information:**  **Section 2**

|  |
| --- |
| **Brief description of application:**  Click here to enter text. |

**Give details of all media/chemicals used inside hose (please add separate sheet if required):**

|  |  |
| --- | --- |
| **Media / Chemical** | Click here to enter text. |
| **CAS Number** | Click here to enter text. |
| **Concentration** | Click here to enter text. |
| **Fluid /Gas/Other(Please specify)** | Click here to enter text. |

|  |  |  |  |
| --- | --- | --- | --- |
| **Media / Chemical** | Click here to enter text. | | |
| **CAS Number** | Click here to enter text. | | |
| **Concentration** | Click here to enter text. | | |
| **Fluid /Gas/Other(Please specify)** | Click here to enter text. | | |
| **Temperature Min °C/°F** | Click here to enter text. | **Temperature Max°C/°F** | Click here to enter text. |

|  |
| --- |
| **If cyclic please describe:**  Click here to enter text. |

|  |  |  |  |
| --- | --- | --- | --- |
| **Pressure/vacuum Min psi/bar** | Click here to enter text. | **Pressure/vacuum Max psi/bar** | Click here to enter text. |

|  |
| --- |
| **If cyclic please describe:**  Click here to enter text. |

|  |
| --- |
| **What is the material of the internal surface of the end fittings/pipe/valve etc that the hose is connecting to?**  Click here to enter text. |

**History**  **Section 3**

|  |  |
| --- | --- |
| **Please advise whether this is replacing existing hose assembly(ies):**  **(If NO please continue to next section)** | **Yes /No** |

|  |
| --- |
| **If YES please advise type of hose being replaced:**  Click here to enter text. |

|  |
| --- |
| **Please advise if any problems have occurred with the existing hose(s):**  Click here to enter text. |

|  |
| --- |
| **Please describe hose(s) required, (bore /length / fittings):**  Click here to enter text. |

**Antistatic Requirements** **Section 4**

|  |  |
| --- | --- |
| **Is antistatic grade hose accepted for this application?**  **(If NO please answer questions below)** | **Yes /No** |
| **Is the media a single phase gas?** | **Yes /No** |
| **Are there any multiphase conditions? (e.g. solid particles in fluid / fluid droplets in gas / non-mixable fluid droplets in water)** | **Yes /No** |
| **Is more than one chemical being used – are they put through hose together?** | **Yes /No** |

|  |
| --- |
| **If so, please state groupings?**  Click here to enter text. |
| **If fluid – what is the maximum flow rate?**  Click here to enter text. |
| **If known, what is the electrical conductivity in pS/m?**  Click here to enter text. |

**Chemical Conditions** **Section 5**

|  |
| --- |
| **Do the chemicals mentioned have any penetrating/diffusing characteristics? Yes /No**  **If so, please give details:**  Click here to enter text. |

|  |
| --- |
| **Are any of the chemicals: Flammable / Corrosive / Toxic / Radioactive? Yes /No**  **If so, please give details:**  Click here to enter text. |

|  |
| --- |
| **Is there a risk of any of the media/chemicals coming into contact with the outside of the hose / fittings? Yes /No**  **If so, please describe:**  Click here to enter text. |

|  |
| --- |
| **Are there any other chemicals in contact with the outside of the hose/fittings? Yes /No**  **If yes, please describe:**  Click here to enter text. |

|  |
| --- |
| **Are there any other external conditions (e.g. sea spray) which could affect the hose? Yes /No**  **If yes, please describe:**  Click here to enter text. |

**Mechanical Requirements** **Section 6**

|  |
| --- |
| **Is the hose? Static /Dynamic**  **If dynamic, please describe flexing cycle:**  Click here to enter text. |

|  |
| --- |
| **Will there be any abrasion of the inside or outside of the hose? Yes /No**  **If yes, please describe:**  Click here to enter text. |

|  |
| --- |
| **Will the hose be twisted/bent/crushed/pulled excessively in the application? Yes /No**  **If yes, please describe:**  Click here to enter text. |

**Flow Rates** **Section 7**

|  |
| --- |
| **If high flow rates or specified flow rates are required please state the flow rates required and the pressure drop between the end fittings:**  Click here to enter text. |

**Cleaning Procedure** **Section 8**

|  |
| --- |
| **Please describe fully how the hose(s) are cleaned, (e.g. SIP, CIP, SOP, Purging conditions etc):**  Click here to enter text. |

**Aflex Hose Recommendations and Comments:**

|  |
| --- |
| Click here to enter text. |

**Customer Information from: Aflex Hose Information from:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | Click here to enter text. | **Name** | Click here to enter text. |
| **Signature** | Click here to enter text. | **Signature** | Click here to enter text. |
| **Date** | Click here to enter text. | **Date** | Click here to enter text. |