



PULSATION DAMPENER APPLICATION DATA

CONTACT INFORMATION

RFQ Number		Requested Date	
Company		Contact Name	
Phone	Fax	Email	
Street Address		Country	
City, State, ZIP		End Destination	

PUMP INFORMATION

Pump Mfg.		Model/Type					
# Pumps	# Cylinders	Plunger Diameter	in. mm.				
Fluid	Specific Gravity	Stroke Length	in. mm.				
Solids	<input type="checkbox"/> Yes <input type="checkbox"/> No	H2S	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Solids Description		Flow Rate	gpm m3/hr				
		Vapor Pressure	psia Bara kPaA				
		Relief Valve Press.	psig Barg kPag				
PUMP SPEED		OPERATING TEMP		SUCTION OPERATING PRESSURE		DISCHARGE OPERATING PRESSURE	
RPM	Fahrenheit Celsius	Psig Barg	kPag Other	Psig Barg	kPag Other		
Normal	Normal	Normal		Normal			
Min.	Min.	Min.		Min.			
Max.	Max.	Max.		Max.			

PULSATION CONTROL EQUIPMENT

SUCTION ORIENTATION				DISCHARGE ORIENTATION			
Peak to Peak Pressure Desired				Peak to Peak Pressure Desired			
SUCTION CONNECTIONS				DISCHARGE CONNECTIONS			
Size	Type	Rating		Size	Type	Rating	

ORIENTATION OF FLANGES

SUCTION			DISCHARGE		
<input type="checkbox"/> 180°	<input type="checkbox"/> 90°	Other	<input type="checkbox"/> 180°	<input type="checkbox"/> 90°	Other

PRODUCT REQUIREMENTS

Product Type Requested	<input type="checkbox"/> Maintenance Free / Bladderless <input type="checkbox"/> Gas Charged <input type="checkbox"/> Cellular					
Part #/Serial # (if known)			Description			
Vessel Code/Manufacture Standard	<input type="checkbox"/> ASME	<input type="checkbox"/> Other	Corrosion Allowance		in.	mm.
Basic Material Required	<input type="checkbox"/> Carbon Steel <input type="checkbox"/> Stainless		<input type="checkbox"/> Other (list)			
System Analysis	<input type="checkbox"/> SA1. Simplified Manual Analysis of Piping System <input type="checkbox"/> SA2. Acoustic Simulation Study (Witnessed? <input type="checkbox"/> Yes <input type="checkbox"/> No)					
Testing Requirements	<input type="checkbox"/> X-Ray <input type="checkbox"/> NACE <input type="checkbox"/> Hydro Static <input type="checkbox"/> Magnetic Particle <input type="checkbox"/> Liquid Penetrant <input type="checkbox"/> Ultrasonic <input type="checkbox"/> Hardness					
State/Country Requirements						
Special Welding Requirements						
Other Comments						