Questionnaire for NESSessities

Customer number

Customer

Your contact:

Company

Name

Department

Street, P.O. Box

Country, ZIP, City

Phone Number

Mobile Phone

Website

Email

Please verify the information and change it if necessary.

Send the completed questionnaire to:

Heater(s)

Number of heaters

thereof
in operation
in standby

Heating power per heater kW

Temperature difference supply line/return line at full load K

or

Volume flow m^3/h

Supply line temp. in operation °C

Allowable supply line temperature °C
Standard 320 °C

Allowable operating overpressure bar g
Standard 10 bar

Type

- (●) Horizontal heater(s)
- ( ) Vertical heater(s)

Thermal oil

Type of oil

Oil capacity Liters

Oil age Years

For a professional analysis, a current oil sample is required. Please attach - if possible - your last oil analysis to the questionnaire.

Have you conducted an oil analysis lately?
- ( ) Yes
- ( ) No

Would you like to analyse your oil with us?
- ( ) Yes
- ( ) No

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Plant components

Please ☒ if applicable

	Installed	Not installed	Information desired	Offer desired
Sample Cooler	☐	☐	☐	☐
Light-ends removal system	☐	☐	☐	☐
Fine filter station	☐	☐	☐	☐
Pump monitoring Bearing temperature, Vibration, Leakage	☐	☐	☐	☐
Nitrogen blankets	☐	☐	☐	☐
Nitrogen generator	☐	☐	☐	☐
Extinguishing system (heater)	☐	☐	☐	☐
Safe-flange	☐	☐	☐	☐

Do you have any further remarks regarding the inquiry?

Other information

Country / place of install. _____ / _____ **Install. altitude** _____ m a.s.l.

○ Indoor installation ○ Outdoor installation

Regulations / design codes / standards

○ Europ. Pressure Equipment Directive (PED) ○ ASME ○ _____

Electrical	Voltage	Frequency	Control voltage
	V	Hz	V

Ambient temperature	Minimum temperature	Maximum temperature
	°C	°C

Your contact:

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Do you have questions or need support?

Give us a call. We will be happy to advise you!

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