

Pipe Heating Evaluation Questionnaire

Today's Date: _____
 Requested Quotation Date: _____ Type of Pricing: _____

Customer Information :

Company Name: _____ Contact: _____
 Phone: _____ Email: _____

Project Objective(s):

- Maintain Process Temperature at _____
- Maintain Pipe Wall Temperature at _____
- Heat Process in the Pipe from _____ to _____ in _____ hours
- Melt Process in the Pipe at _____ in _____ hours
- Process Minimum Temp: _____ Process Maximum Temp: _____

Process internal film coefficient details:

- Name of process: _____ (Vapor or Liquid)
- At what temperature does the process enter the pipe? _____
- Density (lb/ft³): _____
- Viscosity (Cp): _____
- Specific Heat (BTU/lb F): _____
- Thermal Conductivity (BTU/hr ft ° F): _____
 - For Melt-out only: Cp Solid: _____ BTU/lb F, Latent HoF: _____ BTU/lb, Solid Density: _____ lb/ft³

Piping information:

Pipe Size	Pipe Sch.	Pipe Material	Insulation	Thickness	Process Flow Rate (lb/hr)

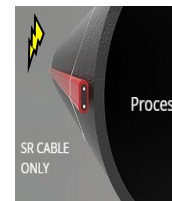
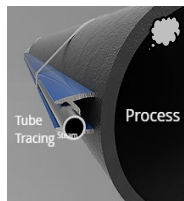
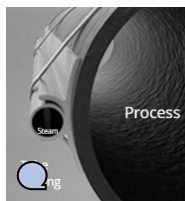
Heating Medium Details:

- Type of Heating Medium (Steam, Hot Oil, Water, other): _____
- Pressure: _____ psig/bar, Temperature: _____ Flow Rate (if liquid): _____ lb/hr

Ambient Conditions:

- Indoors or Outdoors?
- Minimum Ambient Temperature: _____ Maximum: _____

Preferred QMax System:



QMax FTS

Used With:
Steam
Hot Oil
 Glycol
 Water

QMax Lite

Used With:
 Steam
Glycol
 Water

QMax CST

Used With:
Hot Oil
 Glycol
 Water

QMax FPX

Used With:
Steam

Jacketed Pipe

Used With:
Steam
Hot Oil
Water
Glycol

QMax Electric Tracing

Used With:
Electricity

Pipe Heating Evaluation Questionnaire – Additional Information

Additional Customer Information:

Company Name: _____

Company Name in Local Language: _____

Business Registration Number: _____

Physical Address: _____ Postal Code: _____

City/District: _____ State/Province/Territory: _____

Country: _____ Website Address: _____

Description of Business Operations: _____

Additional Product Information:

End Use of Product to Purchase: _____

End- User Name: _____

End- User Physical Address: _____

Description of End- User Business Operations: _____

Product will be installed in a Hazardous or Explosive atmosphere: Yes No

If Yes - Conformity requirements: _____

Product requires ASME Code Fabrication: Yes No Does this require a stamp? Yes No

Product requires PED** (European Union Pressure Equipment Directive): Yes No

Example, product operates at pressure more than 7.25 psig or 0.5 barg)

Product requires CRN** (Canadian Registration Number): Yes No

(Example, product operates at pressure more than 14.5 psig or 1 barg)

Product Certifications and Requirements:

Product Markings or Certification Required for import: _____

Customer/End-User Material Origin Restrictions: _____

Other Requirements:

___ Certificate of Origin

___ Material Receiving Reports

___ Inspection Reports

___ Weld Maps

___ WPS (Welding Procedure Specification)/PQR (Procedure Qualification Record)

___ Procedures for NDE (non-destructive evaluation), inspection, test _____

Additional Comments: _____
