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

thereof 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 Standard 320 °C °C

Allowable operating overpressure Standard 10 bar bar g

Type

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

Thermal oil

Type of oil

Oil capacity Liters

Oil age Years

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

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

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

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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:

07181 / 9675

Do you have questions or need support?

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

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