



QUESTIONARY EXPANSION JOINTS

Company: _____

Street: _____

ZIP code: _____

City: _____

Contact: _____

e-mail: _____

Phone: _____

Project: _____

Inquiry n.: _____

Date: _____

Quantity: _____

Size (DN or LW) _____

Total length: _____

Build-in length: _____

Fluid specifications:

Fluid: _____

Wet: yes or no | Dusty: yes or no grain size: _____ g/Nm²

Containing solvents: yes or no ingredients: _____

Suphurous: yes or no wet: yes or no _____

Acidic: yes or no _____

Operation conditions:

Indoor or Outdoor _____

Temperature: fluid: _____ ambiance: _____

Overpressure: _____ Vacuum: _____

Pulsation or pressure surge: _____ Flow rate: _____ (m/sec)

Movements: axial +/- _____ mm | lateral +/- _____ mm | angular +/- _____ °

Vibrations: yes or no _____ Existing inner sleeve: yes or no _____

Comments:
