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| **Aflex Sales Engineer:** | Click here to enter text. | **26 March 2012** |

**Customer Details: Section 1**

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| **Company name:** | Click here to enter text. |
| **Customer Contact** | Click here to enter text. |
| **Contact telephone number:** | Click here to enter text. |
| **Contact email address:** | Click here to enter text. |

**Basic Information:**  **Section 2**

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| **Brief description of application:**Click here to enter text. |

 **Give details of all media/chemicals used inside hose (please add separate sheet if required):**

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| **Media / Chemical** | Click here to enter text. |
| **CAS Number** | Click here to enter text. |
| **Concentration** | Click here to enter text. |
| **Fluid /Gas/Other(Please specify)** | Click here to enter text. |

|  |  |
| --- | --- |
| **Media / Chemical** | Click here to enter text. |
| **CAS Number** | Click here to enter text. |
| **Concentration** | Click here to enter text. |
| **Fluid /Gas/Other(Please specify)** | Click here to enter text. |
| **Temperature Min °C/°F** | Click here to enter text. | **Temperature Max°C/°F** | Click here to enter text. |

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| **If cyclic please describe:**Click here to enter text. |

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| **Pressure/vacuum Min psi/bar** | Click here to enter text. | **Pressure/vacuum Max psi/bar** | Click here to enter text. |

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| **If cyclic please describe:**Click here to enter text. |

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| **What is the material of the internal surface of the end fittings/pipe/valve etc that the hose is connecting to?**Click here to enter text. |

**History**  **Section 3**

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| **Please advise whether this is replacing existing hose assembly(ies):****(If NO please continue to next section)** | **Yes** [ ] **/No** [ ]  |

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| **If YES please advise type of hose being replaced:**Click here to enter text. |

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| **Please advise if any problems have occurred with the existing hose(s):**Click here to enter text. |

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| **Please describe hose(s) required, (bore /length / fittings):**Click here to enter text. |

**Antistatic Requirements** **Section 4**

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| **Is antistatic grade hose accepted for this application?****(If NO please answer questions below)** | **Yes** [ ] **/No** [ ]  |
| **Is the media a single phase gas?** | **Yes** [ ] **/No** [ ]  |
| **Are there any multiphase conditions? (e.g. solid particles in fluid / fluid droplets in gas / non-mixable fluid droplets in water)** | **Yes** [ ] **/No** [ ]  |
| **Is more than one chemical being used – are they put through hose together?** | **Yes** [ ] **/No** [ ]  |

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| **If so, please state groupings?**Click here to enter text. |
| **If fluid – what is the maximum flow rate?**Click here to enter text. |
| **If known, what is the electrical conductivity in pS/m?**Click here to enter text. |

**Chemical Conditions** **Section 5**

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| **Do the chemicals mentioned have any penetrating/diffusing characteristics? Yes** [ ] **/No** [ ] **If so, please give details:**Click here to enter text. |

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| **Are any of the chemicals: Flammable / Corrosive / Toxic / Radioactive? Yes** [ ] **/No** [ ] **If so, please give details:**Click here to enter text. |

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| **Is there a risk of any of the media/chemicals coming into contact with the outside of the hose / fittings? Yes** [ ] **/No** [ ] **If so, please describe:**Click here to enter text. |

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| **Are there any other chemicals in contact with the outside of the hose/fittings? Yes** [ ] **/No** [ ] **If yes, please describe:**Click here to enter text. |

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| **Are there any other external conditions (e.g. sea spray) which could affect the hose? Yes** [ ] **/No** [ ] **If yes, please describe:**Click here to enter text. |

**Mechanical Requirements** **Section 6**

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| **Is the hose? Static** [ ] **/Dynamic** [ ] **If dynamic, please describe flexing cycle:**Click here to enter text. |

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| **Will there be any abrasion of the inside or outside of the hose? Yes** [ ] **/No** [ ] **If yes, please describe:**Click here to enter text. |

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| **Will the hose be twisted/bent/crushed/pulled excessively in the application? Yes** [ ] **/No** [ ] **If yes, please describe:**Click here to enter text. |

**Flow Rates** **Section 7**

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| **If high flow rates or specified flow rates are required please state the flow rates required and the pressure drop between the end fittings:**Click here to enter text. |

**Cleaning Procedure** **Section 8**

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| **Please describe fully how the hose(s) are cleaned, (e.g. SIP, CIP, SOP, Purging conditions etc):**Click here to enter text. |

**Aflex Hose Recommendations and Comments:**

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| Click here to enter text. |

**Customer Information from: Aflex Hose Information from:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | Click here to enter text. | **Name** | Click here to enter text. |
| **Signature** | Click here to enter text. | **Signature** | Click here to enter text. |
| **Date** | Click here to enter text. | **Date** | Click here to enter text. |