Reset a form

## Inquiry Sheet of Gas Blower (Roots Type)

| Company Name:              |              |        |                           |            |   |
|----------------------------|--------------|--------|---------------------------|------------|---|
| Person Name :              |              |        |                           |            |   |
| -Mail:                     |              |        |                           |            |   |
| el:                        |              |        |                           |            |   |
|                            |              |        |                           |            |   |
| . What is it used for? (Ap | plication )  | Please | check $\vee$ in $\square$ |            |   |
| Boosting                   |              |        |                           |            |   |
| Pneumatic Convey           |              |        |                           |            |   |
| Others (                   |              |        |                           |            | ) |
| _                          |              |        |                           |            |   |
| . Specific conditions      |              |        |                           |            |   |
|                            |              |        |                           |            |   |
| Handling gas name:         |              |        |                           |            |   |
| Gas characteristics        |              |        |                           |            |   |
| Gas composition:           |              |        |                           |            |   |
| Molecular Weight:          |              |        |                           |            |   |
| Specific Weight:           |              |        |                           |            |   |
| Specific heat ration of    | p/cv:        |        |                           |            |   |
| Corrosiveness:             |              |        |                           |            |   |
| Contamination of so        | id or liquio | d:     |                           |            |   |
| Suction conditions         |              |        |                           |            |   |
| Suction gas Volume         | :            | m3/min |                           |            |   |
| Suction gas Tempera        | iture:       | °C     |                           |            |   |
| Suction Pressure:          |              | kPa or | other please specify      | <i>:</i>   |   |
| Discharge Pressure :       |              | kPa or | other please specify      | <i>7</i> : |   |
|                            |              |        |                           |            |   |
| Installation location:     | Indoor       | or     | Outdoor                   |            |   |
| Hazardous area:            | Hazardo      | ous or | Non Hazardous             |            |   |

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|-----|----------|------------|
| 3.  | ()ther   | conditions |
| .). | COUNCI   | COHUIDOUS  |

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|---|--------|--------|
| 1 | Access | sories |

- Common base, Pulley, V-belt, Belt cover is including in Unit.
   In case of Direct coupling drive, Coupling and Coupling cover is including.
- Please mark  $\vee$  in the bellow accessories which are necessary.

Suction silencer Discharge silencer All of standard accessories
Relief valve Flexible joint
Pressure gauge Check valve

② Motor

Voltage: V
Frequency: Hz
Explosion Proof Type:

- ③ Driving Method: Belt Drive or Direct Coupling
- ④ Connection: JIS10K or Ansi150lb.

Other conditions are based on Manufacturer's standard.

Complete form by (Name / Company):