

TECHNICAL DATA INPUT SHEET • PACKING

COMPANY INFORMATION:			
Company:		Date:	
Contact Name:		Contact Title:	
Address:		Phone:	
		Email:	

INQUIRY DETAILS:			
End User Name:		Project Name:	
Due Date:		Bid Type:	<input type="checkbox"/> Firm <input type="checkbox"/> Budget

TOWER DATA:					
	Units				
Section or Case:					
Packed Bed No:					
Tower Diameter:					
Packing Type/Size:					
Bed Height:					

PROCESS DATA:						
	Units					
VAPOR	Mass Flow:					
	Density:					
	Viscosity:					
Temperature:						
Pressure:						
LIQUID	Mass Flow:					
	Density:					
	Viscosity:					
	Surface Tension:					
System Factor:						

ADDITIONAL CONSIDERATIONS:	
Material of Construction:	
Type of Service:	<input type="checkbox"/> Clean <input type="checkbox"/> Moderate Fouling <input type="checkbox"/> Heavy Fouling <input type="checkbox"/> Foaming
Internals Required:	<input type="checkbox"/> Packing Support <input type="checkbox"/> Liquid Distributor <input type="checkbox"/> Bed Limiter <input type="checkbox"/> Chimney Tray <input type="checkbox"/> Mist Eliminator <input type="checkbox"/> Other: _____
Pressure Drop Limitations:	