Engineered Delivery Nozzle Questionnaire

General Information			
Name:		Email:	
Company:		Tel:	
Address:		Mobile:	
		Web:	
		Date:	
Media:		Operating p	oressure (BarG):
Viscosity (cP):			temperature (°C):
Concentration(%):			
Type of container:	☐ IBC	☐ Drum ☐	☐ Cask Other
Type of nozzle:	☐ Manual	☐ Automatic	
Quantity:		7	
Size:	□ 0.5" (DN15)	_ 1" (DN25)	□ 1.5" (DN40) □ 2" (DN50)
Material:	☐ Stainless Steel		Other State of the
End connections:	☐ Threaded -	Please confirm type	
	☐ Flanged -	Please confirm type	
	☐ Other -	Please confirm type	
Vapour recovery:	G1	G2	G4 G4
	GS	No fittings	
Drop tube angle:	□ 35°	□ 90°	□ 180°
Additional extras:	☐ Swivel Joint		☐ IBC Adaptor ☐ Nitrogen Purge
Material certificates:	☐ Long Lance		☐ Pneumatic On/Off
Other requirements:	□ 2.2	☐ 3.1 [□ FDA
other requirements.			