



## Hydrostatic Test System Survey

Thank you for inquiring about our test systems. We ask you for the following information to properly quote a system specific to your needs. **If you have any questions that arise while answering the survey, please call our office at 800/854-3789 and ask for our Sales Department.** Upon completion, please fax this document to us at **970/249-0607**.

YOUR COMPANY: \_\_\_\_\_

LOCATION: \_\_\_\_\_

CONTACT: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

**Are you presently using a hydrostatic test system? Please tell us!**

MANUFACTURER: \_\_\_\_\_ MODEL: \_\_\_\_\_ YEAR INSTALLED: \_\_\_\_\_

TEST JACKET (S): DIAMETER: \_\_\_\_\_ LENGTH: \_\_\_\_\_

YOUR PIT DIMENSIONS ARE: LENGTH: \_\_\_\_\_ WIDTH: \_\_\_\_\_ DEPTH: \_\_\_\_\_

CURRENT MAXIMUM NUMBER OF CYLINDERS TESTED PER HOUR: \_\_\_\_\_ PER MONTH: \_\_\_\_\_

PROJECTED MAXIMUM NUMBER OF CYLINDERS TESTED PER MONTH, 5 YEARS FROM NOW: \_\_\_\_\_

**Check each of the following cylinders that you will be testing:**

☐ Steel ☐ Aluminum

☐ OXYGEN

☐ MEDICAL "D & E"

☐ FIRE EXTINGUISHER

☐ SCUBA

☐ ARGON

☐ CO2

☐ SCBA

☐ PROPANE

☐ HALON

☐ CO2

☐ FREON

☐ OTHER: (Please Specify Below)

☐ N2

☐ CHLORINE

CYLINDER DIAMETER: SMALLEST: \_\_\_\_\_ LARGEST: \_\_\_\_\_

CYLINDER HEIGHT: SHORTEST: \_\_\_\_\_ TALLEST: \_\_\_\_\_

TEST PRESSURES (PSI): LOWEST: \_\_\_\_\_ HIGHEST: \_\_\_\_\_

CYL. EXPANSION (CC): MINIMUM: \_\_\_\_\_ MAXIMUM: \_\_\_\_\_

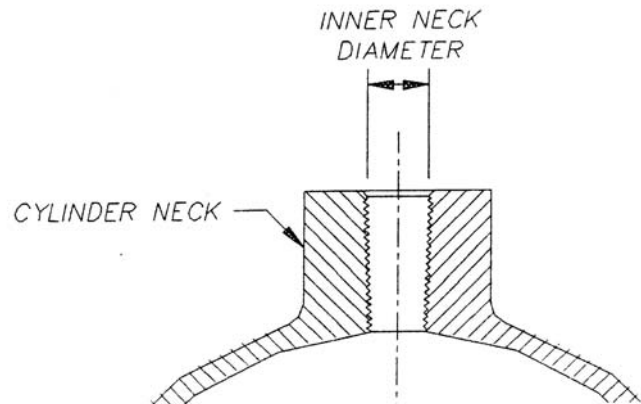
CYLINDER THREADS ARE: TAPERED: \_\_\_\_\_ STRAIGHT: \_\_\_\_\_

CYLINDER NECK INNER DIAMETER: 1/2": \_\_\_\_\_ 3/4": \_\_\_\_\_ 1": \_\_\_\_\_

Cylinder neck inner diameter and threads (see sketch)

Tapered threads? ☐ Yes ☐ No

Straight threads? ☐ Yes ☐ No



Do you need a cylinder dryer? ☐ Yes ☐ No

Do you need a water fill station? ☐ Yes ☐ No

Do you need a valver/de-valver? ☐ Yes ☐ No

Diameter	Thread (NPT, BSP, etc. . . .)

Total dimensions of test area (length and width) \_\_\_\_\_

Do you have a water heater installed? ☐ Yes ☐ No

Heater maximum temperature (180° F required)

Capacity (gallons) \_\_\_\_\_

Do you have an existing compressor? ☐ Yes ☐ No

If yes, Maximum PSI \_\_\_\_\_

Maximum SCFM \_\_\_\_\_

Horsepower \_\_\_\_\_

Pneumatic Supply

Nitrogen ☐ Yes ☐ No

CO<sub>2</sub> ☐ Yes ☐ No

Workshop Air ☐ Yes ☐ No

Electrical supply \_\_\_\_\_ Cycles (Hz) \_\_\_\_\_

Amps \_\_\_\_\_ Volts \_\_\_\_\_ Phase \_\_\_\_\_

Radio/television towers may cause interference to the weigh scale. Are there towers within ½ mile of your facility? ☐ Yes ☐ No

Notes: