



INQUIRY FORM AIR COMPRESSOR

PROJECT INFORMATION:			
Project Name:			
Client:			
Location:			
Type of Company:			
Address:			
Contact Person:		Mobile:	
Tell Office:		Fax Office:	
E-Mail:		Home Page:	
Estimated Project starting date:			
Estimated Project completion date:			

AIR COMPRESSOR DATA		
Quantity of Compressors:		
Application:	Gas Processing	
Type of Operation :	Stand By	Continues
Discharge Pressure:	Barg	
Discharge Temperature:	°C	
Air Flow max for single unit:	m ³ /hr	
Installation:	<input type="radio"/> Indoor with Enclosure. <input type="radio"/> Indoor without Enclosure. <input type="radio"/> Outdoor with Enclosure. <input type="radio"/> Outdoor without Enclosure.	
Acceptable Max Noise Level:	dB(A)	
On site Voltage:	V	Hz

COOLING SYSTEM			
Cooling Water mode:	<input type="radio"/> Cooling Tower	<input type="radio"/> Close Circuit	<input type="radio"/> Air Cooled
Water Temperature before package:	Min °C	Max °C	
Max Water Flow available:	Kg/s		
Maximum acceptable temperature	°C		

Ambient Temperature Min		°C
Ambient temperature Max		°C
Altitude		M

Note:

Fill the above inquiry form and send it by e-mail or fax to ROTOAIR office.