



WINSTON / ROYAL GUARD CORPORATION

Gas or Liquid Filter Inquiry Questionnaire (Please fill in as much as possible)

Company _____ Date _____
 Address _____ Phone _____
 _____ Fax _____
 Name _____ Email _____
 Title or Dept. _____

Quantity _____ Type _____ Tag _____

Vessel configuration: () Horizontal () Vertical

Application: () Natural gas () Sour gas () Other _____
() Liquid _____

Size of particle to be removed (if known): _____

Flow _____ () MMSCFD () _____

Gas or Liquid Flow _____ GPM

Gas/liquid specific gravity: _____

Viscosity: _____

Operating pressure: () _____ PSIG () _____ Kg/cm²g

Operating temperature: () _____ °F () _____ °C

Design pressure: () _____ PSIG () _____ Kg/cm²g

Design temperature: () _____ °F () _____ °C

Corrosion allowance: _____

Inlet and Outlet Nozzles: _____ - _____ # () RF () RTJ

Other fittings required: _____

Special Requirements:

ASME Code, Section VIII, Div 1: () Yes () No
 Radiography () Yes () No _____
 NDE (UT, MT, PT, ETC.) () Yes () No _____
 PWHT () Yes () No _____
 Painting () Yes () No _____
 Misc. () Yes () No _____