

## 10.0 Form Request Of Compatibility

### DATA OF THE APPLICANT

Applicant / Company \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Contact person \_\_\_\_\_

Date \_\_\_\_\_

### DATA OF THE PROJECT

Description \_\_\_\_\_

Set-up of the system \_\_\_\_\_

Tube diameter \_\_\_\_\_

Design manager \_\_\_\_\_

Specification \_\_\_\_\_

### SYSTEM FOR WHICH COMPATIBILITY IS REQUESTED

<b>RAPIDPRESS</b> <sup>INOX</sup> <input type="checkbox"/>	<b>RAPIDPRESS</b> <sup>STEEL</sup> <input type="checkbox"/>	<b>RAPIDPRESS</b> <sup>INOX GAS</sup> <input type="checkbox"/>	<b>RAPIDPRESS</b> <sup>COPPER</sup> <input type="checkbox"/>
Tube AISI 316L <input type="checkbox"/>	Tube of gal/internally black (316/005) <input type="checkbox"/>	Tube AISI 316L <input type="checkbox"/>	Copper tube <input type="checkbox"/>
Tube AISI 444 <input type="checkbox"/>	Tube of gal/internally gal. (316/002) <input type="checkbox"/>	<b>RAPIDPRESS</b> <sup>COPPER GAS</sup> <input type="checkbox"/>	<b>RAPIDPRESS</b> <sup>COPPER-NICKEL</sup> <input type="checkbox"/>
Tube AISI 304L <input type="checkbox"/>	Tube of gal/internally black + PP coating (316/003) <input type="checkbox"/>	Copper tube <input type="checkbox"/>	Copper-Nickel tube <input type="checkbox"/>

### MEDIUM WHOSE COMPATIBILITY NEEDS TO BE REVIEWED

Attachments	Technical data sheet <input type="checkbox"/>
	Safety sheet <input type="checkbox"/>
	Chemical analysis <input type="checkbox"/>

Treatment of systems (e.g. cleaning, anti-corrosion, foil, etc.)

### SYSTEM

Description/working environment \_\_\_\_\_

### OPERATING CONDITIONS

Temperature	Min	°C	Max	°C
Pressure	Min	bar	Max	bar
PH	Min		Max	
Medium proportion	% Min		% Max	

### OTHERS SUBSTANCES

Type of cycle	Open	Closed
Installation	Outside closed spaces	Inside closed spaces

