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|  | **ISO 9001, ISO 14001, OHSAS 18001**  **“ALITER-AXI” Co.Ltd.**  PO Box 284, 16 Novgorodskaуa St.  Saint-Petersburg 191144, Russia  Tel.: (812) 603-22-11, 386-75-50 • Fax: (812) 647-09-88  E-mail: office@aliter.spb.ru • www.aliter.spb.ru |

DAMPER DATA SHEET No.\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- |
| Customer |  | | | |
| General information on damper installation place |  | | | |
| Operating fluid, composition and properties | Operating fluid |  | | |
| Fluid composition, %vol. |  | | |
| Negative pressure, mm H2O |  | Fluid density, kg/ m³ |  |
| Pressure, operating, kg/cm² |  | Pressure, design, kg/cm² |  |
| Temperature, design, °С |  | Temperature, operating, °С |  |
| Linear flow rate, m/s |  | Volumetric flow rate, m3/s |  |
| Abrasion, corrosion |  | Solid phase [g/Nm3], [%] or [mg/Nm3] |  |
| Damper geometry | Body dimensions (external), mm |  | Body wall thickness, mm |  |
| Installation length, mm |  |
| Pipeline parameters | Pipeline material |  | Wall thickness, mm |  |
| Lining material |  | Lining thickness, mm |  |
| Thermal insulation material |  | Thermal insulation thickness, mm |  |
| Operation data | Operating case (open/closed, control) |  | Damper blade position at power supply failure (NO, NC) |  |
| Actuator | Type of actuator (manual, electric, pneumatic-electric) |  | Actuator power supply: current type, frequency, Instrument air voltage or pressure |  |
| Actuation frequency (cycles per day/month) |  | Explosion protection (category) |  |
| Ø of impulse tube, mm |  | Quantity of cable glands |  |
| Manual override (required/not required) |  | Ø of cable glands, mm |  |
| Тип кабеля  Type of cable |  |
| External loads | Flange axial load (from…to), kN | Fom: | Bending moment: kN\*m |  |
| To: | Shear force: kN |  |
| Climatic conditions | Temperature drop, °C | From: | Average temperature of the coldest five-day period, °C | Below zero |
| To: |
| Miscellaneous | Leak tightness of damper  (class or %) |  | Mounting (welded, flanged) |  |
| Quantity, pieces |  | Date of delivery |  |
| Other requirements | 1)  2)  3) | | | |

Prepared by (full name):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ «\_\_\_» \_\_\_\_\_\_\_\_\_\_20\_\_г.

Phone number: \_\_\_\_\_\_(\_\_\_\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_