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Data Sheet for CALORPLAST Gas / Liquid Heat Exchanger

To receive a quote, please complete the following information and send to Specialty Plastics via email (sales@specialty-plastics.com) or fax (484.875.9273).

DATE: _____

Please Print.

Company: _____

Contact Name: _____ Job Title: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____ Email: _____

Gas

Liquid

Components % _____

Total Flow Rate scfm _____

Specific Gravity _____

Specific Heat _____

Humidity % _____

Dust _____

Inlet Temperature °F _____

Outlet Temperature °F _____

Operating Pressure psig _____

Allowable Pressure Drop psig _____

Composition _____

Mass Flow Rate lb / hr _____

Specific Gravity _____

Specific Heat _____

Viscosity cP _____

Inlet Temperature °F _____

Outlet Temperature °F _____

Thank you for your quote request. We will contact you soon.