

AUTOCLAVE QUOTATION REQUEST



Name: _____

Company: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

AUTOCLAVE

Working Diameter _____ Working Length _____ (OR) Maximum Load Size: _____ L x _____ W x _____ H

Maximum Operating Temperature _____ Max. Operating Pressure _____

Pressurizing Medium: GN₂ _____ Air _____ CO₂ _____

Heating Method: Electric _____ Steam _____

PROCESS LOAD

Load to Cure: Material _____ Weight _____

Tooling: Material _____ Weight _____

Cart: Material _____ Weight _____

Other: Material _____ Weight _____

PERFORMANCE

Heat Up Rate: 70°F to _____ °F in _____ Minutes (OR) _____ Degrees/Minute Average

Cool Down Rate: _____ °F to 140°F in _____ Minutes (OR) _____ Degrees/Minute Average

Pressurizing Rate: 0 psi to _____ psi in _____ Minutes (OR) _____ psi/Minute Average

Depressurizing Rate: _____ psi to 1.0 psi in _____ Minutes (OR) _____ psi/Minute Average

INSTRUMENTATION

Control: _____ Manual _____ Set Point _____ Programmable Microprocessor _____ Computer _____

Recording: _____ None _____ Circular Chart _____ Data Logger Recorder _____ Computer _____

No. Part Thermocouples _____ Type _____

No. Vacuum Stations _____ Vacuum Control: _____ Manual _____ Automatic _____

Vacuum Monitoring: _____ Gauges _____ Transducers _____

AUXILIARY SYSTEMS

Vacuum Pump _____ External Cooling System _____ Oxygen Sensor Interlock _____ Bridge _____