## **HOSE ASSEMBLY WORKSHEET**

NAME:	COMPANY:	PHONE:
ADDRESS:		CITY/STATE/ZIP:
SIZE		
	FR:	OUTER DIAMETER:
TEMPERATURE		
MIN/MAX OF T	HE MATERIAL CONVEYED:	
ENVIRONMENT	AL EXPECTATIONS:	
SUCTION	/ WILL THE HOSE BE USED?  ☐ DISCHARGE ☐ HYDRAU  OF APPLICATION:	JLIC UWILL BE DRUG
MEDIA - WHAT WILL	BE GOING THROUGH THE HO	)SE?
		☐ PARTICULATES OR ABRASIVES ☐ AIR
DESCRIPTION OF MEDIA:		
PRESSURE		
PSI REQUIREM	ENT:	
SPIKES EXPEC	TED? ☐ YES ☐ NO VACU	JUM (Inches of Hg/kPa):
ENDS - PLEASE NOT	E END TYPE, SIZE AND REQU	IRED MATERIAL
END 1:		
END 2:		
ORIENTATION	REQUIREMENTS:	
ATTACHMENT	METHOD:	
DELIVERY INFORMA	TION	
QUANTITY REQUIRED	:	DATE REQUIRED:
PACKAGE TYPE:		
PICK UP DATE:		SHIP VIA:
TESTING REQUIRED:		TYPE:
CERTIFICATION REQUIRE	D:□YES □ NO	TYPE:
CDECIAL DECLUDENTENT	TC2	



Phone: 970.242.6810