



RUBBER LINING MATERIAL RECOMMENDATION REQUEST

COMPANY: _____ PHONE No: _____

ADDRESS: _____ FAX No: _____

_____ DATE: _____

SERVICE CONDITION INFORMATION

1. Process or operation: _____

2. Type of vessel or equipment to be lined: _____

3. Function of vessel or equipment: _____

4. Material of construction, i.e., metal, concrete, etc.: _____

5. Size and shape of vessel: _____

6. Chemicals in contact with lining: _____

a. Concentration of chemicals: _____

b. Solvent or oils present: _____

c. Inorganic acids, or salts present: _____

d. Any additive used on recurrent or intermittent basis: _____

7. Are there any abrasive materials present, and if so, what is:

a. Nature of abrasive material: _____

b. Is abrasive material wet or dry _____

c. Degree of anticipated abrasion: _____



- d. Percent of solids: _____
- e. Particle size: _____
- f. Flow velocity: _____
- g. Will solids be agitated: _____
- 8. Temperature: Minimum _____ Maxium _____ Operating _____
- 9. Operating pressure (PSI): _____ Vacuum: _____
- 10. Is this installation for FDA service:
 - a. Is slight contamination or discoloration of solution objectionable: _____
- 11. Will rubber lining be exposed to direct sunlight: _____
- 12. Method of cure:
 - a. Atmospheric cure: _____ Will equipment be insulated: _____
 - b. Internal Steam: _____
 - c. Autoclave: _____
- 13. Has vessel or equipment been rubber lined before: _____
If so, what lining was used: _____
 - a. What was service life: _____
 - b. Was service life satisfactory: _____
 - c. Have there been rubber failures in this service: _____
If so, where were they: _____
In liquid or vapor phase: _____
Hazardous or swelling failures: _____
Caused by abrasion: _____

Submitted By: _____

Title: _____