

 <p>333 McCormick Blvd. → Columbus, Ohio 43213-1526 (614) 868-5151 → FAX (614) 868-5152 → sales@sterlingpe.com</p>	Customer		
	Address		
	City, State Zip		
	Telephone #()		Fax# ()
	Contact Name		
TO BE COMPLETED BY STERLING	E-Mail		
BID#	Installing Location: City, State		
JOB#	Today's Date	Quote Date	
	Order Date	Ship Date	
Shell & Tube Heat Exchanger Sizing Factors			
FLUID ALLOCATION			
	Units	Shell Side	TUBE SIDE
Substance	-		
Liquid Quantity, Total (In or Out)	LB/HR or GPM		
Vapor Quantity, Total (In or Out)	LB/HR or GPM		
Temperature In	C°/F°		
Temperature Out	C°/F°		
Liquid Inlet or Available Steam Pressure	PSIG		
Desired Velocity	LB/HR or GPM		
Maximum Pressure Drop (Not Req. for Bid)	PSIG		
Heat Exchanged (Not Req. for Bid)	BTU/HR		
Fouling Resistance (Not Req. for Bid)	(FT ² *HR*F°)/BTU		
Material of Construction, Product Contact	316L/304, Other		
Material of Construction, Non-Product Contact	316L/304, Other		
Finish Internal, Sanitary/Grit or RA Value			
Finish External, Sanitary/Grit or RA Value			
Special Fluid Properties: Not Required for Common Fluids like Water, Waterlike, Steam, Glycols, etc...			
	Units	Shell Side	Tube Side
Density	LB/FT ³		
Viscosity	CP		
Molecular Weight, Vapor			
Molecular Weight, Non-Condensable			
Specific Heat	BTU/(LB*F°)		
Thermal Conductivity	BTU/(FT*HR*F°)		
Latent Heat	BTU/LB		
Mechanical Details			
Installation: <input type="checkbox"/> Vertical <input type="checkbox"/> Horizontal			
Support: <input type="checkbox"/> Bolted Pads <input type="checkbox"/> Wall Mounted <input type="checkbox"/> Floor Mounted <input type="checkbox"/> None			
Design: <input type="checkbox"/> Straight <input type="checkbox"/> U-Bend Design			
Removable Tube Bundle (U-Bend Only): <input type="checkbox"/> Yes <input type="checkbox"/> No			
Any Physical Limits? Please Specify:			
Size Restriction(In Inches):	Height	Width	Length
Tube Construction: <input type="checkbox"/> Welded <input type="checkbox"/> Seamless			
O-Ring Seal Material: <input type="checkbox"/> Viton <input type="checkbox"/> EPDM <input type="checkbox"/> Teflon ENCAP <input type="checkbox"/> Silicon <input type="checkbox"/> Other, Specify			
ASME Code Stamp: <input type="checkbox"/> No <input type="checkbox"/> Yes, Specify			
Additional Requirements: <input type="checkbox"/> Insulation <input type="checkbox"/> Saddles <input type="checkbox"/> Lifting Lugs <input type="checkbox"/> Other, Specify			
Sanitary Design: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Cleaning: <input type="checkbox"/> Steam Cleaning <input type="checkbox"/> Water <input type="checkbox"/> CIP <input type="checkbox"/> Frequency			
Heating Speed: <input type="checkbox"/> Instantaneous Heating <input type="checkbox"/> Heat Over Time, Specify			
Associated Accessories: (Added Only if Known or Needed for Application) <input type="checkbox"/> Vacuum Breaker <input type="checkbox"/> Needle Valve <input type="checkbox"/> Steam Flow Control <input type="checkbox"/> Pressure Control <input type="checkbox"/> Steam Trap <input type="checkbox"/> Return Pump <input type="checkbox"/> Other			