

FORM



Inquiry about Application of KAN-therm System Elements in an Installation

Client's Details

Company Name:

Address:

Phone:

E-mail:

Name of the suggested KAN-therm system of pipes and connectors, covered in an inquiry

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Installation's General Data

Investment name:

Location of construction/assembly:

Type of installation, purpose:

The installation is located building

Planned range of piping diameters mm

Assumed minimum period of installation's operation [years]

External conditions (temperature, humidity, other factors)

Type of a medium in an installation

name/trade name

chemical composition

pH level

Operating parameters of an installation

temperature [°C] - min. max.

pressure/negative pressure [bar] - min. max.

System

Insulations

type of the employed insulation:

technical and trade details of an insulation

Date _____

Date _____

Client's Signature _____

Signature of a repr. of KAN
who collected the data _____

Additional remarks

Remarks of a repr. of KAN