

Job Name: _____

Job No: _____

Submitted By: _____

Date: _____

Tag No.: _____

Email: _____

Phone: _____

Engineer: _____

Approved By: _____

Date: _____

Contractor: _____

Order No.: _____

Date: _____

Vessel Specifications

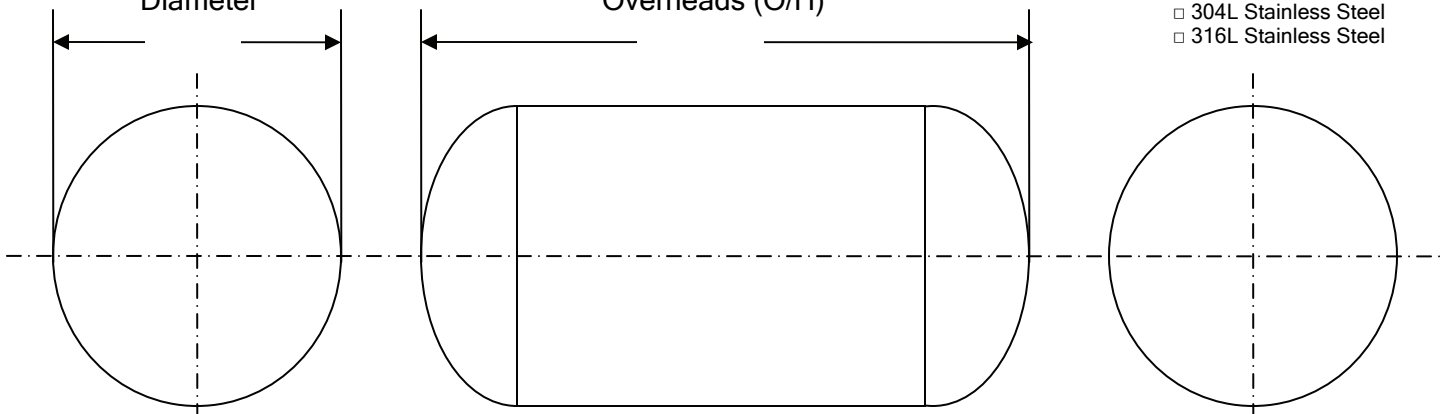
Vessel Quantity: _____	QTY	PART	MOC*	QTY	PART	SIZE / SPEC
Configuration: <input type="checkbox"/> Horizontal / <input type="checkbox"/> Vertical	____	Shell	<input type="checkbox"/> CS / <input type="checkbox"/> SS	____	Manhole	_____
Size to Capacity: _____ <input type="checkbox"/> GAL / <input type="checkbox"/> LTR	____	Heads	<input type="checkbox"/> CS / <input type="checkbox"/> SS	____	Handhole	_____
Diameter: _____	____	BUS	<input type="checkbox"/> CS / <input type="checkbox"/> SS	____	NPT	_____
Length: _____ <input type="checkbox"/> Overheads / <input type="checkbox"/> Shell	____	Saddles	<input type="checkbox"/> CS / <input type="checkbox"/> SS	____	NPT	_____
Code Requirements:	____	Legs	<input type="checkbox"/> CS / <input type="checkbox"/> SS	____	NPT	_____
<input type="checkbox"/> ASME / <input type="checkbox"/> Non-code / <input type="checkbox"/> PED	____	Skirt	<input type="checkbox"/> CS / <input type="checkbox"/> SS	____	NPT	_____
Design Pressure: _____ <input type="checkbox"/> PSI / <input type="checkbox"/> kPa	____	Deck	<input type="checkbox"/> CS / <input type="checkbox"/> SS	____	Flange	_____
Design Temperature: _____ ° <input type="checkbox"/> F / <input type="checkbox"/> C	____	Paint	_____	____	Flange	_____
Exterior Finish: _____	____	Internals	_____	____	Flange	_____
Interior Finish: _____	____	Other	_____	____	Flange	_____

Diameter

Overheads (O/H)

*Materials of Construction (MOC):

- 304L Stainless Steel
- 316L Stainless Steel



Top / Left Head

Bottom / Right Head