

S T A M P E D

HOSE ASSEMBLY REQUEST FORM

Either complete this PDF form electronically or print, fill, scan then e-mail back to brissales@powellindustrial.com.au



powered by INFOCHIP

Customer contact:

Company:

Address:

Account Number:

Ph:

E-mail:

Date

Required:

TEST:

☐

Pressure

☐

Vacuum

☐

Untested

Comments:

SIZE ID/OD/Length	I.D. (mm)	O.D. (mm)	Hose Length (m)	Assembly Length (m)	Quantity	Notes
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

TEMPERATURE Material conveyed & environment	Internal	Max: <input type="text"/> °C Min: <input type="text"/> °C	Notes:
	External	Max: <input type="text"/> °C Min: <input type="text"/> °C	

APPLICATION Conditions of use	<input type="checkbox"/> Suction & Delivery (Pressure)	Notes:
	<input type="checkbox"/> Delivery (Pressure)	Notes:

MATERIAL Material being conveyed (Specify below)	<input type="checkbox"/> Water	<input type="checkbox"/> Air	<input type="checkbox"/> Abrasives	<input type="checkbox"/> Steam	<input type="checkbox"/> Petrol/Oil	<input type="checkbox"/> Chemical
	Notes:					

PRESSURE Assembly will be exposed to (Specify one value only)	kPa	PSI	Bar	Comments
	<input type="text"/>	<input type="text"/>	<input type="text"/>	Notes:

ENDS Orientation, style, type, attachment method (Provide Powell Industrial Part Number or name fitting, type, material & size)	End 1	Product Code: (If known)	Fitting name, material and size.			
	End 2	Product Code: (If known)	Fitting name, material and size.			
	Hose	Product Code: (If known)	Fitting name, material and size.			
	Fitting method (Choose one)	Crimp/Ferrule: <input type="checkbox"/> Alum <input type="checkbox"/> SS <input type="checkbox"/> Plated Steel	Clamps: <input type="checkbox"/> Worm <input type="checkbox"/> T Bolt <input type="checkbox"/> Semi SS <input type="checkbox"/> Full SS	Qty (Per end) <input type="text"/>	Bolt: <input type="checkbox"/> Standard Double <input type="checkbox"/> 4 & 6 Bolt <input type="checkbox"/> Safety Claw 2-Bolt	Other:

DELIVERY Testing, quality, packaging, time	Collect (Powell Branch)	Courier (Select)	Transport (Nominate)
	<input type="text"/>	<input type="checkbox"/> Powell to provide courier <input type="checkbox"/>	<input type="checkbox"/> Powell to provide transport <input type="checkbox"/>

Special instructions
<input type="text"/>

Would like this assembly to be monitored by our Hose Management Program?

☐ YES
☐ NO

Would like information about our Hose Management Program (HMP)?

☐ YES
☐ NO

Before providing an estimate for this assembly please contact me to confirm the assemblies construction details.

☐ YES
☐ NO