

WHO & WHAT

Company:

Contact:

Date:

Fluid Type / ISO VG Grade:

Equipment Being Protected:

THE BASICS

System Flow Rate (GPM):

System Pressure (PSIG):

Operating Temp °F:

Reservoir Volume (gal):

Target ISO Cleanliness Code:

Current ISO Code (if known):

Required Beta Ratio:

FILTER LOCATION

☐ High-Pressure (Pressure Line)

☐ Return Line

☐ Off-Line / Kidney Loop

☐ Suction Strainer

☐ Tank Breather

☐ Don't Know

KEY FLAGS

☐ Fire-Resistant Fluid

☐ Water-Glycol

☐ Synthetic (PAO/Ester)

☐ High Temp (>180°F)

☐ Duplex Required (No Shutdown)

☐ Existing Filter to Replace

Existing Filter / Housing Brand & Part # (if any):

Bypass Valve Setting (PSID):

CONTEXT

☐ New Installation

☐ Replacement / Upgrade

☐ Contamination Problem

☐ Budgetary Quote

OEM Equipment Make / Model (if applicable):

Timeline:

NOTES