

AUTOCLAVE SPECIFICATION FORM:

Fields marked (*) are required

YOUR DETAILS

Email Adress*:

First Name*:

Last Name*:

Position:

Company*:

Street 1:

Street 2:

City:

County/State:

Country:

Phone*:

Fax:

AUTOCLAVE SPECIFICATION*:

Internal Diameter:

Internal Length:

HEATING METHOD* – PLEASE TICK

Gas method:

Electric Elements:

Oil/Thermal Fluid – Separately Heated by Gas or Electricity:

Live Steam:

Desired Heat Rate Rise per minute in °C Or °F
(Measured On Average Free Air
With The Load In Place) °C/°F:

Maximum Working Pressure Bar/Psi:

Maximum Working Temperature °C/°F:

Type of Material to be Processed E.G.
Aluminium, Carbon Fibre Etc:

Approx Mass of Material to be Processed Kg:

VACUUM

Vacuum System Required (tick for yes):

Number of Vacuum Zones Required:

Vacuum Pump supplied
by Aeroform (tick for yes):

PRESSURISATION

Would you like Aeroform
to supply the Pressurisation System:

Air Pressurisation (please tick):

Nitrogen Pressurisation (please tick):

Desired Pressurisation Time in minutes:

THERMOCOUPLES

Number of Thermocouples Required:

Type Of Thermocouples Required:

'J' (°F) Or 'K' (°C)

CONTROL SYSTEMS

Computer Monitored System (tick for yes):

COOLING SYSTEM

Is water cooling required (tick for yes):

Desired cooling rate per minute °C or °F:

Loading trolleys required (tick for yes):

Would you like Aeroform to Ship (tick for yes):

Would you like Aeroform to Install (tick for yes):

Delivery Date: