



# 1000 Series Engineered Bypass Chamber

Application Data Sheet

## PART 1: Chamber Specifications

Date _____	Quantity _____
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Company Name \_\_\_\_\_ Contact \_\_\_\_\_  
 Phone \_\_\_\_\_ E-mail \_\_\_\_\_  
 Special Tag #s (3 lines with 62 character/spaces per line available) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### Process Conditions

Operating Pressure \_\_\_\_\_ Design Pressure \_\_\_\_\_  
 Operating Temperature \_\_\_\_\_ Design Temperature \_\_\_\_\_  
 Application \_\_\_\_\_ Design Standard \_\_\_\_\_

### Chamber Design

#### Chamber Type (select one)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Top - Sealed Bottom - Sealed</b>	<b>Top - Sealed Bottom - Flanged</b>	<b>Top - Flanged Bottom - Sealed</b>	<b>Top - Flanged Bottom - Flanged</b>	<b>Top - Flanged Bottom - Sealed End Cap w Process Flange</b>

#### Notes (attach any sketches and special instructions)

Chamber Material \_\_\_\_\_  
 Chamber Pipe Size \_\_\_\_\_  
 Chamber Pipe Schedule \_\_\_\_\_  
 Studs/Nuts  Alloy Steel (A193-B7/A194-2H)  
                    304 SS (A193Gr B8 Cl2/A194Gr 8)  
 Process Connection Type/Rating \_\_\_\_\_  
 Process Connection Size \_\_\_\_\_  
 Vent/Drain Connection Size/Type \_\_\_\_\_

**Dimensions** (xxx.xxx) Center to Center.....

#### Accessories (mark as required add notes if necessary)

Insulation Blanket  
 Chamber only  \_\_\_\_\_  
 Complete unit  \_\_\_\_\_  
 Cryogenic insulation  \_\_\_\_\_  
 Steam Heat Tracing  \_\_\_\_\_  
 Electrical Heat Tracing  \_\_\_\_\_  
 Inspection & Testing Certs  \_\_\_\_\_  
 (see page 2)  
 Special (specify in notes)  \_\_\_\_\_



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## PART 2: Inspection and Testing Certifications

<input type="checkbox"/> PMI Report	<input type="checkbox"/> <b>SOR Standard</b> Alloy verification of wetted parts using x-ray fluorescence (XRF) technology to positively identify the part material used post manufacturing. <input type="checkbox"/> Customer specified alternate requirements_____
<input type="checkbox"/> Hydrostatic Pressure Test	<input type="checkbox"/> <b>SOR Standard</b> Process conforms to ASME Section V and is conducted per serial number. If valves are used, hydro testing will be done with valve open and ports plugged. <input type="checkbox"/> Customer specified alternate requirements_____
<input type="checkbox"/> Visual Inspection Report	<input type="checkbox"/> <b>SOR Standard</b> Visual weld inspection by certified weld inspector per sales order line item. <input type="checkbox"/> Customer specified alternate requirements_____
<input type="checkbox"/> Factory Acceptance Test	<input type="checkbox"/> <b>SOR Standard</b> Summary of testing schedule completed per sales order line item. <input type="checkbox"/> Customer specified alternate requirements_____
<input type="checkbox"/> Inspection Test Plan	<input type="checkbox"/> <b>SOR Standard</b> Summary of all the testing processes that will be conducted per sales order line item. <input type="checkbox"/> Customer specified alternate requirements_____
<input type="checkbox"/> Mill Test Report	<input type="checkbox"/> <b>SOR Standard</b> Certifies that the listed serial numbers were manufactured using the materials on the associated Certified Material Test Reports (CMTR). <input type="checkbox"/> Customer specified alternate requirements_____
<input type="checkbox"/> Dye Penetrant Examination	<input type="checkbox"/> <b>SOR Standard</b> Certifies that the listed serial numbers were examined by visible liquid penetrant in accordance with ASME Section V, Article 6. <input type="checkbox"/> Customer specified alternate requirements_____
<input type="checkbox"/> NACE Compliance	<input type="checkbox"/> <b>SOR Standard</b> SOR shall provide certification of compliance that the pressure boundary components of the listed serial numbers were manufactured to meet NACE MR0175/ ISO15156. <input type="checkbox"/> Customer specified alternate requirements_____
<input type="checkbox"/> Ferrite Test	<input type="checkbox"/> <b>SOR Standard</b> Certifies the Ferrite Number (FN) of 20% of the welds per serial number is documented on associated weld map drawings. <input type="checkbox"/> Customer specified alternate requirements_____
<input type="checkbox"/> Radiographic Examination (X-Ray)	<input type="checkbox"/> <b>SOR Standard</b> Certifies the 3rd party radiographic examination of 5% of welds per sales order line item by sample size in accordance with ASME Section V. <input type="checkbox"/> Customer specified alternate requirements_____
<input type="checkbox"/> Heat Treat	<input type="checkbox"/> <b>SOR Standard</b> Certifies heat treatment was conducted to ASTM standards per sales order line item. <input type="checkbox"/> Customer specified alternate requirements_____
<input type="checkbox"/> Mag Particle Examination	<input type="checkbox"/> <b>SOR Standard</b> Certifies that the listed serial numbers were examined by visible mag particle in accordance with ASME Section V. <input type="checkbox"/> Customer specified alternate requirements_____
<input type="checkbox"/> Ultrasonic Examination	<input type="checkbox"/> <b>SOR Standard</b> Certifies that the listed serial numbers were examined by 3rd party ultrasonic examination in accordance with ASME Section V. <input type="checkbox"/> Customer specified alternate requirements_____
<input type="checkbox"/> ASME B31.1	<input type="checkbox"/> Pressure _____ psi <input type="checkbox"/> Temperature _____°F
<input type="checkbox"/> ASME B31.3	Fluid Class: <input type="checkbox"/> Normal <input type="checkbox"/> Category D <input type="checkbox"/> Category M <input type="checkbox"/> High Pressure
<input type="checkbox"/> PED	<input type="checkbox"/> Pressure _____ psi <input type="checkbox"/> Temperature Range _____°F <input type="checkbox"/> Pressure Fluid _____ <input type="checkbox"/> Design Code _____