Appendix III: Material Recommendation Request

Name		**Title**	
Company		**Phone**	
Address		**E-mail**	
		Date	

Service Condition Information

1	**Process or operation**	
	a) Type of vessel or equipment requiring lining	
	b) Function of vessel or equipment	
	c) Material of construction (i.e. steel, concrete or FRP)	
	d) Size and shape of vessel	
2	**Chemicals in contact with lining**	
	a) Concentration of chemicals	
	b) Solvent or oils present	
	c) Inorganic acids or salts present	
	d) Any additive used on recurrent or intermittent basis	
3	**Any abrasive materials present**	
	a) Nature of abrasive material	
	b) Wet or dry abrasive materials	
	c) Percent of solids	
	d) Particle size	
	e) Flow velocity	
	f) Will solids be agitated	

4	**Operating Temperature (°F or °C)**	
	a) Maximum and minimum temperature	
	b) Normal operating temperature	
5	**Operating pressure (psi)**	
6	**Vacuum**	
7	**FDA compliance**	
8	**Will rubber lining be exposed to sunlight and ozone**	
9	**Options for cure**	
	a) Atmospheric cure	
	b) Internal steam	
	c) Autoclave	
	Will equipment be insulated during cure?	
10	**Has vessel or equipment been rubber lined before?**	
	a) What type of lining was used	
	b) What was the service life	
	c) Were there any issues with lining	
	d) Have there been rubber failures in this service	
	• In liquid or vapor phase	
	• Hazardous or swelling failures	
	• Caused by abrasion	