

# Plate Heat Exchanger Spares Information needed

Date : .....

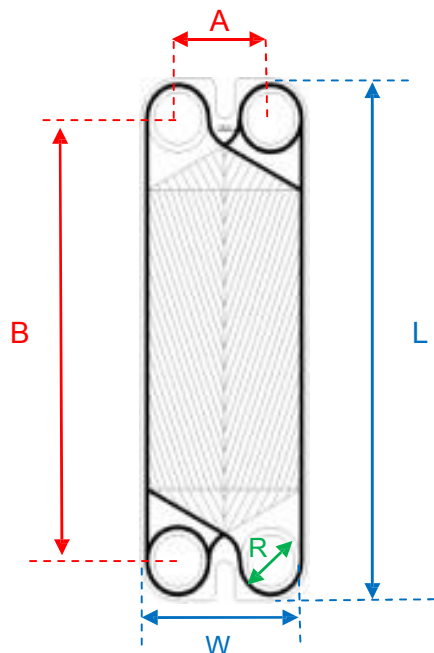
Customer : .....

### Genuine Manufacturer

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GEA	SCHMIDT	SONDEX	THERMOWAVE
TRANTER	VICARB	OTHER	

Model: .....

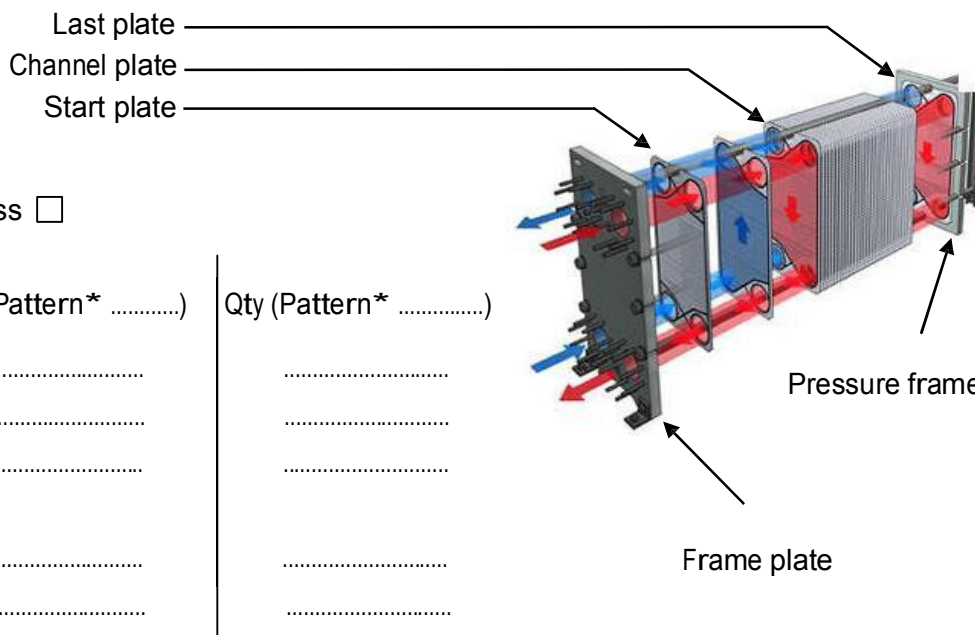
If PHE is unknown, please take plate dimensions:



### Measurements

- A = Horizontal port hole distance = ..... mm
- B = Vertical port hole distance = ..... mm
- L = Length of the plate = ..... mm
- W = Width of the plate = ..... mm
- R = Port ring diameter = ..... mm

Number of plates:



Single Pass  / Multi Pass

	Qty (Pattern* .....)	Qty (Pattern* .....)
Channel plate 4 holes	.....	.....
Start plate 4 holes	.....	.....
Last plate 0 hole	.....	.....
Transition plates	.....	.....
(Specify holes configuration).....	.....	.....

\*Pattern detail on page 2

Do you have the PHE Drawing:                      Yes  / No

# Plate Heat Exchanger Spares

## Information needed

Plate thickness:    0.4 mm  - 0.5 mm  - 0.6 mm  - 0.7 mm  - 0.8 mm  - 0.9 mm  - Welded

### Plate pattern:

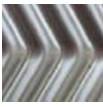









APV	ALFA LAVAL / SONDEX	GEA	TRANTER	VICARB	OTHER
 K <input type="checkbox"/>  L <input type="checkbox"/>	 Low Theta / Short <input type="checkbox"/>  High Theta / Long <input type="checkbox"/>	 H <input type="checkbox"/>  V <input type="checkbox"/>	 Low NTU <input type="checkbox"/>  High NTU <input type="checkbox"/>	 CDX <input type="checkbox"/>  CH <input type="checkbox"/>	..... .....

Plate material:    AISI 304  - AISI 316  - Titanium  - Nickel alloy  - Other.....

Gaskets material:    NBR  - EPDM  - HNBR  - Viton  - Neoprene  - Butyl  - Other.....

Flow direction

Diagonal



Parallel



Fastening :    Clip Type  / Glue Type

For Sondex and Vicarb plates, please specify design of clip (T-Clip, Sonderlock, Hang-on...): .....

### Detailed information about application

	Side 1	Side 2
Products	.....	.....
Operating pressure	.....	.....
Operating temperature	.....	.....
Cleaning In Place (CIP)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If CIP is done, please specify products and temperature:	.....	

### Additional useful information

Serial Number:    .....

Year of Manufacturing:    .....

Frame Type:    .....

Comments:    .....