

- Company (sender)



Data Sheet for Seamless Pressure Vessels

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Please typewrite or use block letters

- Please complete in any case
- ◆ To be completed if applicable or required
- Required only for pressure vessels to be mounted on trucks

<ul style="list-style-type: none"> ● Country of destination _____ 	<p>Limit sizes and weights</p> <ul style="list-style-type: none"> ◆ Maximum outside diameter _____ mm ◆ Maximum length _____ mm ◆ Maximum weight _____ kg
<ul style="list-style-type: none"> ◆ Customer or user _____ 	<p>Pressure vessels to be mounted on trucks</p> <ul style="list-style-type: none"> ○ Maximum length of vessel _____ mm ○ Effective width for the vessels _____ mm ○ Admissible maximum total weight of vessels per truck (excluding gas weight) _____ t
<ul style="list-style-type: none"> ● Intended use <ul style="list-style-type: none"> <input type="checkbox"/> stationary <input type="checkbox"/> transportable ● Service Position <ul style="list-style-type: none"> <input type="checkbox"/> vertical <input type="checkbox"/> horizontal 	<ul style="list-style-type: none"> ◆ Design of ends <ul style="list-style-type: none"> Type of connection _____ According to enclosed sketch/drawing _____ Valves _____
<ul style="list-style-type: none"> ● Filling medium (e.g. type of gas) _____ <ul style="list-style-type: none"> ◆ Capacity for compressed gases _____ Nm³ ◆ Capacity for liquid gases _____ kg ◆ Filling ratio _____ kg/l (for liquid gases) 	<p>Surface finish</p> <ul style="list-style-type: none"> ● Inner surface _____ ● Outer surface shot-blasted acc. to preparation grade B Sa 2½ ISO 8501-1:1988 ◆ Coating of outer surface _____
<ul style="list-style-type: none"> ● Water capacity, in l _____ 	<ul style="list-style-type: none"> ◆ Protection for transport _____
<ul style="list-style-type: none"> ● Number of vessels _____ or total filling volume _____ (consider filling ration, if applicable) 	<ul style="list-style-type: none"> ◆ Other details, e.g. accessories, internally and externally mounted components, assembly of pressure vessels to <ul style="list-style-type: none"> <input type="checkbox"/> see reverse <input type="checkbox"/> sketch/drawing enclosed
<ul style="list-style-type: none"> ● Design specification Edition _____ 	<p>Place and date _____</p>
<ul style="list-style-type: none"> ● Inspection authority _____ 	<p>Signature _____</p>
<p>Pressure</p> <ul style="list-style-type: none"> ● Operating pressure _____ bar ◆ Design pressure _____ bar ◆ Test pressure _____ bar 	
<ul style="list-style-type: none"> ◆ Working temperature, in °C _____ 	
<ul style="list-style-type: none"> ● Mode of operation <input type="checkbox"/> static <input type="checkbox"/> dynamic ● If dynamic: <ul style="list-style-type: none"> Number of cycles _____ Load cycles max. _____ bar min. _____ bar 	

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