

# STRAINER CHECK LIST

Please email to: [sales@greatlakesic.com](mailto:sales@greatlakesic.com)

**Strainer Check List:** When selecting a strainer, please take the factors listed below into account. This will assist us when recommending a strainer to suit your specific requirements. Please photocopy this page and fill out the pertinent information.

1. Fluid to be strained \_\_\_\_\_

2. Flow rate \_\_\_\_\_

3. Density of fluid \_\_\_\_\_

4. Viscosity of fluid \_\_\_\_\_

5. Fluid working pressure \_\_\_\_\_

Maximum pressure \_\_\_\_\_

6. Fluid working temp. \_\_\_\_\_

Maximum temp. \_\_\_\_\_

7. Preferred material of strainer construction \_\_\_\_\_

8. Present pipeline size & material \_\_\_\_\_

9. Nature of solids to be strained out \_\_\_\_\_

10. Size of solids to be strained out \_\_\_\_\_

Size of mesh or perf. req. \_\_\_\_\_

11. Clearance Limitation Above \_\_\_\_\_ Below \_\_\_\_\_

Left side facing inlet \_\_\_\_\_ Right side facing inlet \_\_\_\_\_

12. Maximum pressure drop with clean screen \_\_\_\_\_

13. Expected cleaning frequency \_\_\_\_\_

14. Any other information deemed relevant \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Suggested Specifications

The strainer shall be a Y-Type and have \_\_\_\_\_

(size) inlet/outlet connections. The end connections shall be (flanged, threaded etc.) and the body shall be complete with

a \_\_\_\_\_ (bolted, quick-opening, etc.) cover

assembly. The strainer shall be suitable for \_\_\_\_\_

PSIG operating pressure at \_\_\_\_\_ °F operating

temperature. The body shall be constructed of \_\_\_\_\_

(body material) while the screen shall be constructed of \_\_\_\_\_

(basket or screen material). A mesh lining

of \_\_\_\_\_ (size of mesh) is required,

allowing a maximum pressure drop of \_\_\_\_\_

psig. The strainer shall be equipped with a \_\_\_\_\_

(gasket material) gasket and the strainer screen shall be able

to withstand \_\_\_\_\_ psig differential pressure

without any deformation.

Strainers shall be IFC Model # \_\_\_\_\_

or approved equivalent.

Name \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City/Town \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_

Fax (\_\_\_\_\_) \_\_\_\_\_