



Industrial Products, Inc.

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FILTER ELEMENT DATA SHEET

Customer Name _____

Address _____

Contact Name _____

Telephone No. (____) _____ - _____ Fax No (____) _____ - _____

1. Compressed Air / Gas / Vacuum / Liquid (Type) _____
(circle one)

2. Filter Element Dimensions:
O.D. _____
I.D. _____
Length _____
Number of Fins _____
Media _____
OEM Part Number _____

3. PSI Operating _____
Design (If Any) _____

4. SCFM (or other) Operating _____
Design (If Any) _____

5. Temperature Operating _____
Design (If Any) _____

6. Type of Contamination & _____
% of same (if known) _____

7. Desired Micron Retention _____

8. Carbon Steel or Stainless Steel _____
Construction Desired _____