

INFORMATION HIGHLIGHTED IN YELLOW IS REQUIRED TO START A SYSTEM DESIGN.

Return completed form to
cs@bijurdelimon.com

CONTACT INFORMATION

Customer Name: _____ Location: _____

Email: _____ Phone Number: _____

SYSTEM REQUIREMENTS

Application: _____ (EXAMPLE: BEARING, GEAR BOX, ETC.)

Industry: _____ (EXAMPLE: PAPER, STEEL, MINING, HYDRO, ETC.)

Circulating System Required: ☐ YES ☐ NO

HP Lift Required: ☐ YES ☐ NO

Circulating System Outlet Pressure: _____ BAR/PSI

HP Lift Pressure: _____ BAR/PSI (IF REQUIRED)

Circulating Flow Required: _____ GPM/LPM

HP Lift Flow: _____ GPM/LPM (IF REQUIRED)

Total # of Lube Points Being Served: _____ (EXAMPLE: ATTACH BEARING LIST - SIZE, PT #, RPM, ETC.)

Oil Type & Manufacturer: _____ (EXAMPLE: ISO VG 32/150/220 + MOBIL, SHELL, EXXON, ETC.)

Circulating Filtration Level: _____ MICRON (STANDARD: 25 MICRON) HP Lift Filtration: _____ MICRON (IF REQUIRED)

Tank Volume (If Known): _____ (NOTE: STANDARD INCLUDES CLEAN OUT COVER, DRAIN PORTS, SIGHT LEVEL, & TEMP IND.)

System Return Connection Size (If Known): _____

Overall Size Constraints in inch or mm: _____ LONG _____ WIDE _____ HIGH _____ OTHER

Oil Temp Required at Application: _____ °F/°C Oil Temp Returning to Tank: _____ °F/°C

Elevation: _____ (HEIGHT BETWEEN OCS SYSTEM & APPLICATION)

EQUIPMENT REQUIREMENTS

Pump – Duty Only: ☐ YES ☐ NO Standby Pump: ☐ YES ☐ NO

Filtration – One Element: ☐ YES ☐ NO Two Elements: ☐ YES ☐ NO

Dirty Filter Indication – Visual: ☐ YES (STANDARD) ☐ NO Electrical: ☐ YES (STANDARD) ☐ NO

Oil Cooler Required: ☐ YES ☐ NO

Water Cooled: ☐ YES ☐ NO Max Water Temp: _____ °F/°C

Air Cooled: ☐ YES ☐ NO Max Ambient Air: _____ °F/°C

Tank Heaters Required: ☐ YES ☐ NO Heat Up Time: _____ HOURS

Flow Meter & Needle Valve: ☐ YES ☐ NO

Drip Pan: ☐ YES ☐ NO

OIL CIRCULATING SYSTEMS FORM



OIL CIRCULATING SYSTEMS

A BRAND OF **BIJUR DELIMON**
INTERNATIONAL

CONTROLS & ADDITIONAL REQUIREMENTS

Supply Voltage: _____ VOLTS - 3PH

Frequency: _____ HZ

Wired Terminal Box with No Controls: ☐ YES ☐ NO

System Operating Controls: ☐ YES ☐ NO

Control Voltage: _____ VOLTS

Motor Starters & O/L's: ☐ YES ☐ NO

PLC/Programmable Relay Controls: ☐ YES ☐ NO

Alarm Lamp: ☐ YES ☐ NO

Manual Controls with Lamps: ☐ YES ☐ NO

Switch Requirements:

High Pressure: ☐ YES ☐ NO

Filter Diff Pressure: ☐ YES ☐ NO

Low Pressure: ☐ YES ☐ NO

Low Level: ☐ YES ☐ NO

Temperature: ☐ YES ☐ NO

High Level: ☐ YES ☐ NO

Low Flow: ☐ YES ☐ NO

Other: _____

Moisture: ☐ YES ☐ NO

OTHER SYSTEM REQUIREMENTS

Include as much information as possible including: drawing or equipment being lubricated, drawings of site installation, site position of equipment, and possible position of OCS.

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