

Vaporizer Customer Requirement Questionnaire

Please complete this questionnaire in order for us to determine how best to meet your vaporizer and flow controller needs. Please complete the form below and return it to sales@flowtechonline.com. If returned by fax, please fax to 410-666-3631.

Name and Contact Information

Name & Title:	
Company or Institution	

Application

Tool (Name of Tool and Manufacturer):	
Process (for example, CVD, PECVD, batch ALD, etc. For single wafer ALD please indicate desired minimum pulse time and cycle time)	

Liquid & Carrier Gas

Liquid	Liquid 1	Liquid 2	Liquid 3
Name or acronym			
Molecular formula (if available):			
Molecular weight:			
Density (g/cc):			
Viscosity (cp):			
Vapor pressure (Torr) at T (°C) (two points or more, or give equation or Antoine constants if available):			
Decomposition temperature			
Latent heat of vaporization (J/Kg)			
Maximum desired liquid mass flow rate (grams/hour)			
Liquid source pressure. If you use pressurized gas over liquid, what gas do you use?			
Pipe size and connection type for liquid feed (e.g. 1/8" VCR)			
Carrier Gas			
Type (such as He, Ar, N2, H2, etc)			
Available gas pressure			
Maximum allowable gas flow rate (sccm)			

Vaporizer

Preferred heater power supply voltage (120 VAC or 240 VAC)	
Preferred vaporizer outlet connection size and type (e.g. 1/2" VCR)	
Expected vaporizer outlet pressure	

Chamber Conditions

Chamber pressure (Torr):	
Chamber temperature (°C):	
Chamber volume (L):	
Expected vaporizer outlet pressure	

Existing Equipment

If you currently use a vaporizer system: What brand is it? What temperature setting is used?	

Additional Information, Comment, and/or Requirements: