

Contact Information:

Name:	Company:		
Title:	Address:		
Email:	City:	State:	Zip:
Phone:	Fax:		

Vessel Information:

Basic Shape: (Check One) <input type="checkbox"/> Cylindrical <input type="checkbox"/> Rectangular <input type="checkbox"/> Horizontal Cylinder <input type="checkbox"/> 55 gallon drum <input type="checkbox"/> IBC Tote Denotes required dimension for that shape.		Basic Dimensions: (inches) _____ _____ _____ Volume: _____ gallons Dish/Cone Depth: _____ (if present)	Other Attributes: (Check All That Apply) <input type="checkbox"/> Conical Top <input type="checkbox"/> Conical Bottom <input type="checkbox"/> Conical Ends <input type="checkbox"/> Dish Top <input type="checkbox"/> Dish Bottom <input type="checkbox"/> Dish Ends <input type="checkbox"/> Internal Baffles <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____
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Mixer Opening Location: <input type="checkbox"/> Top Entry <input type="checkbox"/> Side Entry	Vessel Type: <input type="checkbox"/> Open Tank <input type="checkbox"/> Closed (Sealed) Tank	Entry Type (Size): <input type="checkbox"/> ANSI Flange (____") <input type="checkbox"/> TriClamp (____")	<input type="checkbox"/> Open Face of Vessel <input type="checkbox"/> Bung (____") <input type="checkbox"/> Other (Describe Below)
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Mixer Information:

Powered by: Electrical Power Compressed Air / Pneumatic Power

If electrical power, then complete this section:

Voltage: <input type="checkbox"/> 110V/220V <input type="checkbox"/> 230V/460V <input type="checkbox"/> 380V <input type="checkbox"/> _____	Phase: <input type="checkbox"/> Single Phase <input type="checkbox"/> Three Phase <input type="checkbox"/> DC	Cycles: <input type="checkbox"/> 60Hz (US) <input type="checkbox"/> 50Hz (Intl.)	Key Attributes: <input type="checkbox"/> Explosion Proof <input type="checkbox"/> Washdown Duty <input type="checkbox"/> Inverter Duty <input type="checkbox"/> _____	<input type="checkbox"/> Stainless Steel <input type="checkbox"/> TENV <input type="checkbox"/> TEFC <input type="checkbox"/> _____
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Seal Required? <input type="checkbox"/> Yes <input type="checkbox"/> No Preferred Style: <input type="checkbox"/> Lipseal <input type="checkbox"/> Stuffing Box <input type="checkbox"/> Mechanical <input type="checkbox"/> Other: _____	<input type="checkbox"/> Pressure (psi)? _____ <input type="checkbox"/> Vacuum (psi)? _____
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Process Information:

Fluid Viscosity (Cp): _____	Fluid Specific Gravity: _____
Particulate Settling Rate (ft/min): _____	Desired Agitation Level: <input type="checkbox"/> Mild <input type="checkbox"/> Medium <input type="checkbox"/> Aggressive <input type="checkbox"/> Violent

Process Description and Other Notes:

Is this mixing application already being performed?

Batch Size (gallons): _____	Impeller Type: _____
Mixer Power (HP): _____	Impeller Size (diameter in inches): _____
Shaft Speed (RPM): _____	Satisfactory Results? Yes No