

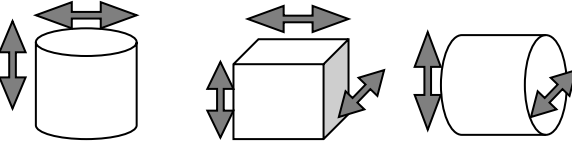

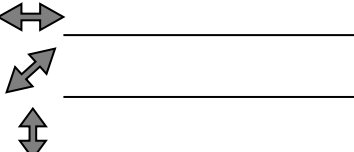






# Mixing Application Data Form



## Contact Information:

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

## Vessel Information:

<b>Basic Shape:</b> <i>(Check One)</i>  <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.	<b>Basic Dimensions:</b> <i>(inches)</i>  _____ _____ _____ Volume: _____ gallons Dish/Cone Depth: _____ <i>(if present)</i>	<b>Other Attributes:</b> <i>(Check All That Apply)</i> <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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<b>Mixer Opening Location:</b> <input type="checkbox"/> Top Entry <input type="checkbox"/> Side Entry	<b>Vessel Type:</b> <input type="checkbox"/> Open Tank <input type="checkbox"/> Closed (Sealed) Tank	<b>Entry Type (Size):</b> <input type="checkbox"/> ANSI Flange (____") <input type="checkbox"/> TriClamp (____")	<input type="checkbox"/> Open Face of Vessel <input type="checkbox"/> Bung (____") <input type="checkbox"/> Other <i>(Describe Below)</i>
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## Mixer Information:

Powered by:     Electrical Power     Compressed Air / Pneumatic Power

*If electrical power, then complete this section:*

<b>Voltage:</b> <input type="checkbox"/> 110V/220V <input type="checkbox"/> 230V/460V <input type="checkbox"/> 380V <input type="checkbox"/> _____	<b>Phase:</b> <input type="checkbox"/> Single Phase <input type="checkbox"/> Three Phase <input type="checkbox"/> DC	<b>Cycles:</b> <input type="checkbox"/> 60Hz (US) <input type="checkbox"/> 50Hz (Intl.)	<b>Key Attributes:</b> <input type="checkbox"/> Explosion Proof <input type="checkbox"/> Stainless Steel <input type="checkbox"/> Washdown Duty <input type="checkbox"/> TENV <input type="checkbox"/> Inverter Duty <input type="checkbox"/> TEFC <input type="checkbox"/> _____ <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): _____ Mixer Power (HP): _____ Shaft Speed (RPM): _____	Impeller Type: _____ Impeller Size (diameter in inches): _____ Satisfactory Results?    Yes    No
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Thank you for your interest! Fax to 231-292-1027 or Scan & e-mail to: [info@fusionfluid.com](mailto:info@fusionfluid.com)