

Mixing Data Sheet

Please include any information that helps to define your mixing application as well as your general requirements.
Information tends to evolve & change over time. Please don't let it hinder your submission for a mixer quote.

Company:				Name:			
Address:							
City:				State:		Zip: -	
Phone:				Fax:		e-mail:	
Quantity of Mixers:				Reference:			
I) SIMILAR OR EXISTING INSTALLATION EXPERIENCE (If applicable):							
Actual Batch Volume: _____ gals, Mixer RPM's, Design: Pressure _____ PSIG, Temp _____ °F							
I - Pilot or Full Scale Tank Dimensions, inches Horizontal _____ Vertical: Tank Orientation _____							
Diameter _____ {or Length _____, Width _____}, Straight Side _____ . OAH _____ {Mixer Mtg to Tank Bot} _____							
{Dish/Flat/Open Top/Cone} Height: Top _____, Bottom _____, Beam or Nozzle _____							
Anti-Swirl Baffles: Quantify _____, Length _____, Width _____, Off Wall _____							
Actual HP Consumed or Power Reading: Amps _____, Volts _____, Phase _____, Nameplate HP _____							
Impellers	Diameter	Type	No Blades	Manufacture	Description		
Upper							
Middle							
Lower							
II) OPERATION (Check all that apply):							
<input type="checkbox"/>	Chemical Reaction	<input type="checkbox"/>	Gas Dispersion	<input type="checkbox"/>	Dispersion Immiscible	<input type="checkbox"/>	Dissolving
<input type="checkbox"/>	Suspending Solids	<input type="checkbox"/>	Floating Solids	<input type="checkbox"/>	Blending Miscible	<input type="checkbox"/>	Crystallization
<input type="checkbox"/>	Wetting Dry Solids	<input type="checkbox"/>	Heat Transfer	<input type="checkbox"/>	Foaming: Mild _____	<input type="checkbox"/>	
<input type="checkbox"/>	Other/Describe: _____						
III) AGITATION (check one): <input type="checkbox"/> Violent <input type="checkbox"/> Moderate <input type="checkbox"/> Mild <input type="checkbox"/> Very Mild							
IV) DESCRIPTION OF SOLIDS: _____ None, _____ Soluble, _____ Insoluble, _____ Crystalline, _____ Fish Eye, _____ Light or Fluffy, _____ Sticky or Gummy, Other _____							
In section V, specify specific gravity of solids, not bulk density, which incorporates air.							
Particle Size (microns or mesh sieve analysis): _____							
V) PROCESS DESCRIPTION:							
(Data for all that apply) Components	Weight %	Settling Vel ft/min	Specific Gravity	Viscosity Centipoise	Temp Deg F	Flow Rate #/Hr	
1							
2							
3							
4							
Final Mixture							
Other: _____							
Batch Operation: Requested Blend or Mixing Time: _____ hours, _____ minutes							
Continuous Operation:							
Retention Time _____ minutes, Flow Rate: Liquids {& Solids} _____ (GPM), Gas _____ (SCFM)							
Mixing (Volume) Range (gallons): _____ Maximum, _____ Normal, _____ Minimum							
VI - NEW TANK INFORMATION Horizontal _____ Vertical: Tank Orientation _____							
Mixer Support: _____ Beams, _____ Nozzle, _____ Tank Pad, _____ Tank Wall, _____ Wall, _____ Indep Support							
Diameter _____ {or Length _____, Width _____}, Straight Side _____ . OAH _____ {Mixer Mtg to Tank Bot} _____							
{Dish/Flat/Open Top/Cone} Height: Top _____, Bottom _____, Beam or Nozzle _____							
Anti-Swirl Baffles: Quantify _____, Length _____, Width _____, Off Wall _____							
Flange: Size _____" Rating _____ #, Design Pressure _____ PSIG, Design Temperature _____ °F							
VII) MOTOR: _____ / _____ Volts, _____ Hz, _____ Ph. TEFC, _____ XP (Group D) or _____ Air							
VIII) MATERIALS OF CONSTRUCTION (mixer wetted parts): _____							

Mixer Information* PO Box 6867*Harrisburg, PA 17112*(800) 683-2011*Fax(800) 340-0828*mixerinfo@verizon.net