



4840 W. KEARNEY ST., SPRINGFIELD, MO 65803 • P (417) 865-8715 • F (417) 865-2950

Contact:	Phone:
Company:	Fax:
Street Address:	Email:
City:	Zip Code:
State:	Country:
	Cust Ref:
	Due Date:

Briefly describe your vacuum process:

Site Conditions	
Ambient Temperature	Min. _____ Max. _____
Elevation (above sea level)	_____
Gas Data	
Gas Composition Breakdown	mass %_____, or mole%_____
Gas 1	_____
Gas 2	_____
Gas 3	_____
Gas 4	_____
Gas 5	_____
Known air-in leak (ACFM or lb/hr)	_____
Inlet Gas Temperature	_____
Process Conditions – select “Steady State” or “Pump down Application”	
_____ Steady State (for a continuous process at constant vacuum > 1 hour)	
Inlet Pressure (continuous):	_____
Discharge Pressure:	_____
Flow Rate (mass or volumetric flow):	_____
_____ Pump down Application (batch process w/cycle time < 1 hour)	
Volume to Evacuate:	_____
Desired Time to Evacuate:	_____
Initial Suction Pressure:	_____
Final Suction Pressure:	_____
Seal Liquid (liquid ring pump only)	
Type of seal liquid available (Water typical):	_____
Temperature:	_____
If sealant is other than water give:	
Sealant Fluid:	_____
Specific Gravity:	_____
Specific Heat:	_____
Vapor Pressure at operating temperature:	_____
Viscosity:	_____
Sealant Recovery System	
_____ No Sealant Recovery (once through)-NSR	
_____ Partial Sealant Recovery- PSR	
_____ Full Sealant Recovery- FSR	





Material of Construction Preference		**Not all products available in materials shown	
Metal options**		Elastomers/Shaft Seal options**	
<input type="checkbox"/> Cast Iron	<input type="checkbox"/> Bronze	<input type="checkbox"/> Stainless Steel	<input type="checkbox"/> Viton
			<input type="checkbox"/> Teflon
			<input type="checkbox"/> EPDM
			<input type="checkbox"/> Kalrez

Cooling Media Available	
Cooling Liquid (water typical): _____	Temperature: _____

Power Supply		Phase	Hz	Voltage
NEC Area Classification		ATEX Area Classification		
<input type="checkbox"/> Class I (gas)	<input type="checkbox"/> Class II (dust)	Class I: _____	Class II: _____	
<input type="checkbox"/> Div 1 (normally present)	<input type="checkbox"/> Div 2 (only present in emergency)	Zone (1,2,21,22): _____		
Group (A, B, C, or D): _____		Protection (Exd, Exn): _____		
Method of starting:		Group (A, B, or C): _____		
<input type="checkbox"/> Direct on Line (DOL)	<input type="checkbox"/> Variable Frequency Drive (VFD)	Temp Code (T1 thru T6): _____		
<input type="checkbox"/> Other (e.g. Soft Start): _____				

Electrical Controls
Will Tuthill supply an electrical control panel? <input type="checkbox"/> Yes <input type="checkbox"/> No
Enclosure Type required: NEMA 4 <input type="checkbox"/> NEMA 7 <input type="checkbox"/> IEC IP56 <input type="checkbox"/>

Current Process
What type of vacuum pump do you currently have for this process (e.g. Piston, Vane, Liquid Ring, etc.)?
If the current pump has failed, what was the nature of the failure?
Additional Remarks:

