

Mixing Application Data Form



R. A. ROSS & ASSOCIATES, INC.
Keeping process flowing since 1985

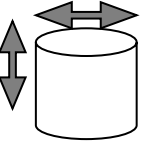
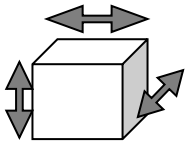
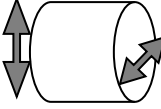







2231-A Ampere Drive, Louisville, KY 40299
502 267-8677 • 1 800-489-8677
Fax 502 266-7928 • www.raross.com

PUMPS • FILTERS • BLOWERS • MIXERS • REPAIRS • SPECIALTY

Contact Information:

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

Vessel Information:

<p>Basic Shape: (Check One)</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">  <input type="checkbox"/> Cylindrical </div> <div style="text-align: center;">  <input type="checkbox"/> Rectangular </div> <div style="text-align: center;">  <input type="checkbox"/> Horizontal Cylinder </div> </div> <p><input type="checkbox"/> 55 gallon drum <input type="checkbox"/> IBC Tote</p> <p> Denotes required dimension for that shape.</p>	<p>Basic Dimensions: (inches)</p> <p>Length: _____</p> <p>Width: _____</p> <p>Height: _____</p> <p>Volume: _____ gallons</p> <p>Dish/Cone Depth: _____ (if present)</p>	<p>Other Attributes: (Check All That Apply)</p> <div style="display: flex; flex-direction: column;"> <div><input type="checkbox"/> Conical Top </div> <div><input type="checkbox"/> Conical Bottom </div> <div><input type="checkbox"/> Conical Ends </div> <div><input type="checkbox"/> Dish Top </div> <div><input type="checkbox"/> Dish Bottom </div> <div><input type="checkbox"/> Dish Ends </div> <div><input type="checkbox"/> Internal Baffles</div> <div><input type="checkbox"/> Other _____</div> <div><input type="checkbox"/> Other _____</div> </div>
---	--	--

<p>Mixer Opening Location:</p> <input type="checkbox"/> Top Entry <input type="checkbox"/> Side Entry	<p>Vessel Type:</p> <input type="checkbox"/> Open Tank <input type="checkbox"/> Closed (Sealed) Tank	<p>Entry Type (Size):</p> <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)
---	--	--	--

Mixer Information:

Powered by: Electrical Power Compressed Air / Pneumatic Power

If electrical power, then complete this section:

<p>Voltage:</p> <input type="checkbox"/> 110V/220V <input type="checkbox"/> 230V/460V <input type="checkbox"/> 380V <input type="checkbox"/> _____	<p>Phase:</p> <input type="checkbox"/> Single Phase <input type="checkbox"/> Three Phase <input type="checkbox"/> DC	<p>Cycles:</p> <input type="checkbox"/> 60Hz (US) <input type="checkbox"/> 50Hz (Intl.)	<p>Key Attributes:</p> <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"/> _____
--	---	---	--

<p>Seal Required? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Preferred Style: <input type="checkbox"/> Lipseal <input type="checkbox"/> Stuffing Box <input type="checkbox"/> Mechanical <input type="checkbox"/> Other: _____</p>	<p><input type="checkbox"/> Pressure (psi)? _____</p> <p><input type="checkbox"/> Vacuum (psi)? _____</p>
--	---

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

Thank you for your interest! Fax to 502 -266-7928 or Scan & e-mail to: solutions@raross.com