



Client:						Tel:		
Contact:						Fax:		
Owner:								
Project Name:						Item No.:		
Service:						Quantity:		
(Circular Tank) (mm)				(Rectangle Tank)		(Square Tank)		
(TANK DIMENSION)								
VESSEL DATA	(Max Liquid Capacity)		m ³		(Min Liquid Capacity)		m ³	
	(High Liquid Level)		mm		(Low Liquid Level)		mm	
	(Bushing): <input type="checkbox"/> Yes <input type="checkbox"/> No		(Tube): <input type="checkbox"/> Yes <input type="checkbox"/> No		(Baffle): <input type="checkbox"/> Yes <input type="checkbox"/> No		(Width): mm (Quantity):	
	(Manhole): <input type="checkbox"/> Yes <input type="checkbox"/> No		(In Empty): <input type="checkbox"/> Yes <input type="checkbox"/> No		(Design/Operating. Temp.)		/ °C	
Operating Conditions	Name	Granularity	Density (kg/ m ³)	(cp) Viscosity	Operating Temp.(°C)	% Weight Proportion	% Capacity Proportion	Pressure (MPa)
								Working
								Design
OPERATING CONDITIONS	<input type="checkbox"/> Liquid-Liquid		<input type="checkbox"/> Liquid-Solid					
	<input type="checkbox"/> Liquid-Gas		<input type="checkbox"/> Liquid-Solid-Gas					
	<input type="checkbox"/> Mixing	<input type="checkbox"/> Gas Dispersion	<input type="checkbox"/> Solid Suspension	<input type="checkbox"/> Emulsification	<input type="checkbox"/> Heat Transfer			
	<input type="checkbox"/> Absorption	<input type="checkbox"/> Extraction	<input type="checkbox"/> Solution	<input type="checkbox"/> Crystal	<input type="checkbox"/> Reaction			
<input type="checkbox"/> Extraction	<input type="checkbox"/> Polymerization	<input type="checkbox"/> Extraction	<input type="checkbox"/> Dilution	<input type="checkbox"/> Sweeping Loam				



	<input type="checkbox"/> Aeration	<input type="checkbox"/> Other		
	Mixing Intensity: <input type="checkbox"/> Mild <input type="checkbox"/> Medium <input type="checkbox"/> Strong <input type="checkbox"/> Acute			
	Mixing Time:	Total Flowing Speed (m ³ /s):		
	Mixing Mode: <input type="checkbox"/> Continual <input type="checkbox"/> Intermittent			
	(Mixing Level): (Solid Hoating) _____(Level)	(Liquid Mxing) _____(Level)	(Gas Dispersal) _____(Level)	
LIQUID STATE	<input type="checkbox"/> In Batches <input type="checkbox"/> Continual	m ³ /h	(hour) Retention Time:	
AGITATOR DATA	<input type="checkbox"/> (Center Top Entering) <input type="checkbox"/> (off-set Top Entering)			
	<input type="checkbox"/> (Side Entering) <input type="checkbox"/> (Bottom Entering) <input type="checkbox"/> (Other)			
	(Rotate Speed)	rpm	Rotation(from driver): <input type="checkbox"/> Counter-clockwise <input type="checkbox"/> Clockwise	
	Foot Bearing: <input type="checkbox"/> Yes <input type="checkbox"/> No	Medium Bearing: <input type="checkbox"/> Yes <input type="checkbox"/> No	(Stabilizer Ring): <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Shaft Diameter(mm)		Shaft Length(mm)	
	Position	Impeller (mm)	Diameter (mm)	Distance From Tank Bottom(mm)
	Top			
	High			
	Medium			
	Low			
Bottom				
SEAL	<input type="checkbox"/> Mechanical Seal: <input type="checkbox"/> Water Seal			
	<input type="checkbox"/> Stuffing Box: <input type="checkbox"/> No			
MATERIAL	Agitator		Stuffing Box	Stuffing
	Shaft		Tank	
	Foot Bearing		Medium Bearing	
	Mounting base		Flange	
	Mechanical Seal		Other	
MOTOR DATA	(Electric Source): (V) (Phase) (Hz)	(Power): kW	(Protection Level)	
	(Enclosure): <input type="checkbox"/> (General) <input type="checkbox"/> (Explosion proof) (Level): _____	<input type="checkbox"/> (Indoor) <input type="checkbox"/> (Outdoor)		
ANTI-POLLUT ION STANDARD	<input type="checkbox"/> (Health Grade) <input type="checkbox"/> (Technical Grade)			
REMARKS				