

ENQUIRY RE										
Mixer ENQUIRY REF: E s								Sheet of		
Name of product:										
Bulk density:		Kg/d	m³							
Objective of mixing pro	cess: Batc	h (O Continuo	us () (C	Other requ	uirements,	Please	specify	
Gentle mixing necessa	ry: Y	'es () No	o ()					
Product characteristic:	Hygroscopi	c O	Abrasive C) C	Corrosiv	re O F	ree Flowir	ng O		
	Adhesive	O	Cohesive C) T	oxic	0 9	Sticky	O		
	Friable	O	Subject to gl	azing	or hard	lening und	der compre	ession	O	
	Inflammabl	e: Yes	O No	Ο		F	ibrous	O		
	(If yes, plea	se stat	e Explosion cla	ass)	St.1	O 9	St.2 O	St.3	O	
Will there be liquid add	ition?: Y	'es () No) ()					
By weight / By volume:		%(W	eight) O	%	6(Volun	ne) O				
Liquid additon name(s)	: 1)				2)					
	(Other requ	iiremen	ts, Please spe	cify):						
Density of liquid and D	ynamic Viscosit	y(cP):								
Nature of Liquid:	Flammable	O	Solvent C) V	Vater ba	ase O				
·	(Other requ	iiremen	ts, Please spe	cify):						
Capacity:		litre/l	nr							
Batches per hour:										
Batch size:		litre								
Production duration(hr.	/day):									
Will the mixer be starte	d under load?:	Yes	O	No	O					
(If Yes, how frequently	<i>(</i> ?):									
Ambient temperature(°C	-									
Heating/Cooling(Jacket	•	Yes	O	No	O					
Cleaning: Dry O		\overline{O}								
How are the materials f	ed/filled into the	e mixe	·?:							
Material in contact with	product:	1	.4301(304)	()	1.4541(321)	O		
		1	.4571(316Ti)	(O	1.4404(316L)	Ο		
Surface inside: Glass	s bead blasted	Ο	Ra<1.3	O	(Othe	ers, Pleas	e specify):			
Surface outside: Glass	s bead blasted	O			,		e specify):			
	ing box	O Hygienic seal system O				_	. ,			
No of inlets:	<u> </u>	=	,5	<i>y</i>		ration diai	meter(mm)	<i>:</i>		
Inlet diameter(mm):					٠٠٠-		()			



Specification of new mixer												
Left/right seen from the drive side	GMS	3	GBM	GCM	GDM	Pharma						
Outlet: Standard O Hygienic	OL OR	O	1	1	1*	1						
Side doors:	L OR	. O	L O	NA	NA	NA						
*Standard												
Energy Supply												
Motor voltage(V): Frequency(Hz):												
Motor Protection IP: Conrol voltage(VDC): 24 O 12 O												
Frequency Inverter: Yes O No O												
(Other requirements, Please specify):												
Atex zone requirement:												
Min ignition temperature MIT(°C):												
Min ignition energy MIE(°C):												
Min smouldering temperature SIT(°C):												
Mixing Tests:												
Please ask for the required Product Quantity for the Test and possible Test dates. Then we will prepare an offer												
for the tests and kindly send us a Safety Data Sheet.												
Company:												
Name:												
•												
Fax:												
Email:												
Liquid Addition(Name of liquid):												
Amount(Litres/hour):												
Viscosity(ŋ)												
Type of nozzle:												
No of nozzles:												
Temperature(°C):						ļ						
Pressure(Absolute):												
Bulk density after mixing(kg/litre)	Tapped:		Lo	ose:								
	• •	-				'						