



## MIXER SHAFT SEAL SELECTION

## 1. USER DATA:

Name of company / Address:			
Additional information will be given by:	Telephone:	E-mail:	

## 2. SEALED FLUID DATA

Fluid name / Fluid composition:						
Density in working temperature [g/cm <sup>3</sup> ]:	Viscosity in working temperature [mm <sup>2</sup> /s]:	Vapour pressure in working temperature [MPa]:	Melting point [°C]:	pH value:	Min.	Max.
Flash point [°C]:	Ignition temperature [°C]:	Name of acceptable barrier / buffer fluid:				
Chemically aggressive: <input type="checkbox"/> Yes <input type="checkbox"/> No	Abrasives: <input type="checkbox"/> Yes, content %: ..... <input type="checkbox"/> No	Characteristic change during process: <input type="checkbox"/> Yes (describe below) <input type="checkbox"/> No	There is a need of: <input type="checkbox"/> heating <input type="checkbox"/> cooling			

Notes (additional requirements, health and environmental risks, changes of sealed fluid characteristic during process or machine downtime etc.):

## 3. EQUIPMENT DATA

Producer:	Type:	Process / item no:			
Vessel casing material:	Shaft material:				
Shaft's / drive location: <input type="checkbox"/> Vertical from top <input type="checkbox"/> Vertical from bottom <input type="checkbox"/> Other (what?):	<input type="checkbox"/> Horizontal from side <input type="checkbox"/> Horizontal through <input type="checkbox"/> Diagonal (angle from the level ...)	Direction of rotation: <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Changeable	Direction of rotation: <input type="checkbox"/> Continuous <input type="checkbox"/> Temporary <input type="checkbox"/> Periodical (describe)	Location: <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/> Portable	
Dry-running: <input type="checkbox"/> Yes <input type="checkbox"/> No	Seal contact with product: <input type="checkbox"/> Yes <input type="checkbox"/> No	Rapid pressure changes: <input type="checkbox"/> Yes <input type="checkbox"/> No	Rapid temperature changes: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Working pressure [MPa]:	Min.	Norm.	Max.	Existing mechanical seal:	Actual plan according to ISO 21049/API 682:
Working temperature [°C]:	Min.	Norm.	Max.	Existing durability of mechanical seal [h]:	Quantity of seals in equipment:
Rotational speed [1/min]:	Min.	Norm.	Max.	Remarks regarding operation of existing seal:	

Other remarks regarding mixer / reactor:

## 4. EXPECTED SOLUTION:

Suggested mechanical seal: <input type="checkbox"/> Component <input type="checkbox"/> Cartridge	<input type="checkbox"/> Single <input type="checkbox"/> Double	<input type="checkbox"/> With bearing <input type="checkbox"/> Other (describe what?)	Suggested plan acc. to ISO 21049 /API 682:	Expected durability of mechanical seals [h]:
Required elements of auxiliary installation: <input type="checkbox"/> Thermometer <input type="checkbox"/> Manometer			<input type="checkbox"/> Liquid level indicator <input type="checkbox"/> Pressure gauge	<input type="checkbox"/> Hand pump <input type="checkbox"/> Circulation pump <input type="checkbox"/> Other .....
Required documents: <input type="checkbox"/> Declaration of conformity <input type="checkbox"/> Quality control certificate			<input type="checkbox"/> Material certificate <input type="checkbox"/> ATEX declaration <input type="checkbox"/> FDA declaration	<input type="checkbox"/> Declaration (WE)1935/2004 <input type="checkbox"/> Other (describe what?)
Required guarantee: <input type="checkbox"/> 12 months <input type="checkbox"/> Other (months) .....			Required capacity of thermosiphon vessel [dm <sup>3</sup> ]:	

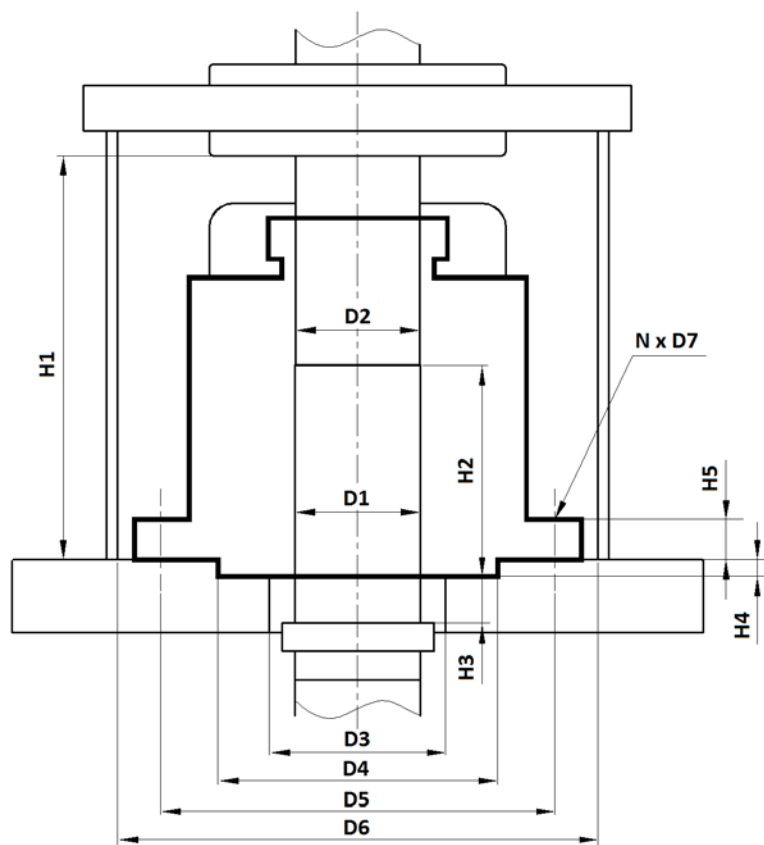
Other (additional requirements, final inspection conditions, required certificates, etc.):

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### 5. AVAILABLE MEDIA FOR SEAL OPERATION

<b>Cooling water:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Pressure[MPa]:</b> Min. <input type="text"/> Max. <input type="text"/>	<b>Temperature [°C]:</b> Min. <input type="text"/> Max. <input type="text"/>	<b>Flow intensity [L/min]:</b> Min. <input type="text"/> Max. <input type="text"/>
<b>Compressed gas:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Gas type:</b> <input type="checkbox"/> Nitrogen <input type="checkbox"/> Other .....	<b>Pressure[MPa]:</b> Min. <input type="text"/> Max. <input type="text"/>	<b>Acceptable consumption [L/min]:</b> Min. <input type="text"/> Max. <input type="text"/>
<b>Compressed air:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Pressure[MPa]:</b> Min. <input type="text"/> Max. <input type="text"/>	<b>Acceptable consumption [L/min]:</b> Min. <input type="text"/> Max. <input type="text"/>	<b>Electric supply:</b> <input type="text"/>

### 6. INSTALLATION DIMENSIONS



D1	D2	D3	D4	D5	D6	D7	N	H1	H2	H3	H4	H5

### 7. OTHERS

Attach description, sketch, drawings, pictures, etc.