AGENS Stratmann GmbH

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QUESTIONNAIRE
STATIC MIXER

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Company:		Division:		Building:	
Titel:		Forename:		Surname:	
E - Mail:		Phone:		Fax:	
Street:		Post area code:		City:	
Country:		Date:		Project:	

PROCESS INFORMATION

		Fluid 1	Fluid 2	Fluid 3	Fluid 4
Product Name:					
Mass flow, minimal:	[kg/h]				
Mass flow, normal:	[kg/h]				
Mass flow, maximal:	[kg/h]				
Density (Gas: Norm condition):	[kg/m³]				
Viscosity:	[mPa s]				
Pressure:	[bar (a)]				
Temperature:	[C°]				

Please specify maximum possible pressure drop: [mbar]

Are the fluids soluble?

If yes – please specify the requested variation coefficient: [%]

If no – please specify droplet (Bubble) diameter with the [µm]

corresponding surface tension: [N/m]

Mixer orientation: Flow character: Dosing lance

MECHANICAL INFORMATION

Material: Flanges acc. to: Scheduled pipe dimension:

Design pressure of product pipe: [bar]

Design temperature of product pipe: [C°]

If requested

Design pressure of heat jacket for cooling/ heating product: [bar]

Design temperature of heat jacket for cooling/ heating product: [C°]