STATIC MIXER QUESTIONNAIRE

Please fill out this form as complete as possible. If you cannot answer all questions, we will gladly assist you.

GENERAL DATA

Date:		Reference:	
Company:		Project name:	
Title / Name:	Mr.	Telephone:	
Address:		Telefax:	
Postal code:		E-mail address:	
City / Country:		Inquiry closing date:	

PROCESS DATA

	Unit	Mainstream	Sidestream 1	Sidestream 2	Sidestream.3
Description:	[-]				
Fluid group acc. PED:	[-]	1	1	1	1
Pd > 0.5 barg @ max. process temp.:		Not applicable	Not applicable	Not applicable	Not applicable
Flow rate:	[m³/hr]				
Density:	[kg/m³]				
Dynamic viscosity:	[mPa.s]				
Temperature:	[°C]				
Working pressure:	[bar(g)]				

Are the fluids miscible? ☒ Yes ☐ No

Required mixing quality (CoV): [σ/μ]

Maximum allowable pressure drop: [mbar]

MECHANICAL DATA

Number of mixers: Tag number:

Design code: Manufacturer standard

Existing or preferred pipe diameter: DN Outside diameter x Wall thickness: x [mm]

Other pipe diameter possible? ☐ Yes ☐ No

Maximum installation length: [mm]

Pipe connections: Swagelok union Other:

Material: Glass fibre reinforced plastic (GRP) Other:

Mixing pipe: Design pressure: [bar(g)] Design temperature: [°C]

Jacket for heating/cooling ☒ No Design pressure: [bar(g)] Design temperature: [°C]

Flow conditions: ☒ Constant ☐ Pulsing Pulsingfactor:

Flow direction: ☐ Horizontal ☐ Vertical upwards ☐ Vertical downwards ☐ Open

Removable mixer elements? ☐ Yes ☐ No

Injector? ☐ Yes ☐ No DN Connection: Swagelok union

ATEX applicable? ☐ Yes ☐ No

Installation location: ☐ Indoors ☐ Outdoors

Required tests: ☐ Hydrostatic pressure test ☐ Radiographic test: Acc. standard

☐ Magnetic particle test: Acc. standard ☐ Dye penetrant test: Acc. standard

☐ Other:

Nameplate required? ☐ Yes ☐ No

General remarks: