

## Questionnaire for the sanitary ViscoTwin Screw Pump

**Company:** ..... **Date:** .....  
Name: ..... Phone: .....  
Street: ..... Fax: .....  
City | State: ..... Cell: .....  
ZIP-Code: ..... Representative: .....  
Project name: .....

### 1 Product:

1.1 Flow rate: .....  m<sup>3</sup>/h  l/h  gpm  
1.2 Viscosity: ..... cps Temp.: ..... °F  
1.3 Solids % TS: ..... %  abrasive  
1.4 Particle size: ..... in  hard  soft  
1.5 Density: ..... kg/l pH: .....

### 2 Suction:

2.1 NPSH: ..... ft  
2.2 Pipe length: ..... ft Diameter Ø: ..... in  
2.3 Fittings: .....

### 3 Discharge:

3.1 Head: ..... ft  
3.2 Pipe length: ..... ft Diameter Ø: ..... in

### 4 CIP & SIP:

4.1 CIP-flowrate: .....  m<sup>3</sup>/h  l/h  gpm  
4.2 Discharge pressure: ..... psi Temp.: ..... °F  
4.3 Sterilisation temp.: ..... °F Duration: ..... Min.

### 5 Pumpdesign / Material:

5.1 Elastomers:  NBR  EPDM  FKM  PTFE  
5.2 Shaft Seal:  single mechanical seal  double mechanical seal   
5.3 Suction Port in OD": .....  TC  BW  
5.4 Discharge Port in OD": .....  TC  BW  
5.5 Certificates:  FDA  3A  EHEDG  3.1

### 6 Motor:

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.....

6.1 EX – protection required?  Yes  No Class: .....

Signature: .....