Please, provide as much information as possible. At least values labelled with * should be provided. Thank you for your interest in ViscoTwin. Please ensure that you can save this form with the information filled in not being erased. Thank you.



Questionnaire for the sanitary ViscoTwin screw pump.

Company*: Name: E-mail*: Street: City / State:				Phone: Fax:										
								ZIP-Code:						
							Pro	ject Name:						
							1	Product:						
				1.1	Description*:									
1.2	Flow rate*:		gpm	l/h	m³/h									
1.3	Viscosity*:		cps (=mPas)	cSt Temperature	::	°C							
1.4				abrasi	ve									
1.5	Dautiala siaa*.		in	hard	soft									
1.6	Density:		kg/l	pH:										
2	Suction:													
2.1	NPSHA*:		ft	m	If the NPSHA is not k	nown, please indica	ate as follows							
2.2	Pipe length:		ft	m	Pipe diameter:	in	mm							
2.3	Fittings:													
3	Discharge:													
3.1	Head / pressure*:		ft	m/	psi bar									
	If the head or dischar	ge pressure is n	ot knowi	n, please in	dicate the following i	information:								
3.2	Pipe length:		ft	m	Pipe diameter:		mm							
3.3	Fittings:													
4	CIP & SIP:													
4.1	CIP-flowrate*:		gpm	☐ l/h	m³/h									
4.2	Discharge pressure*:		psi	bar	Temperature:	°F	°C							
4.3	Sterilisation temp.:		F°	C°	Duration:	min.								
5	Pumpdesign / M	aterial:												
5.1	Elastomers:	NBR	EPDI	M	FKM	PTFE								
5.2	Shaft seal:	single acti	ng mecha	anical seal	double acting m	echanical seal								
5.3	Suction port OD":	in	TC	BW	other, please sp	ecify:								
5.4	Discharge port OD":	in	TC	BW	other, please sp	ecify:								
5.5	Certificates*:	FDA	3A	EHEDO	G3.1									
6	Motor:													
6.1	Frame*:	stainless s	teel		washdown									
6.2	EX-Protection:	required	not r	equired	Class:									
7	More informatio	n, comment	ts, requ	irement										
	Sigr	nature:												