VANE PUMP
APPLICATION INFORMATION

Page Number	011-001
Effective	Feb. 2005
Replaces	Form 032502
Section	011

From:		**Country:**	
Company:		**Date:**	
Phone:		**Fax / E-mail:**	
End User Name:			

NOTES: - * Bold / Italic items indicate minimum required information for pump application and quotation.

[1] Customer or Distributor are responsible to qualify adequate suction conditions for the specific fluid /system conditions.

LIQUID INFORMATION:

*** Liquid Name:** _____ **UNITS (choose or fill-in alternative unit)**

**** Viscosity:*** _____ - (cP / ssu / cSt / m^2-s / Pa-s)

Specific Gravity: _____ - (SG / g-cm^3)

Vapor Pressure: [1] _____ - (psia / kPa / kg-cm^2 (abs) / mm-Hg)

**** Does the product have lubricating properties:*** yes: ____ no: _____

*** Materials of Construction:** ***Elastomers:*** FKM: ____ PTFE: _____ Other(specify): _____

Corrosive: yes: ____ no: _____

Metallurgy: Ductile iron: _____ Stainless steel: _____

**** Abrasive:*** yes: ____ no: ____ Particle size: _____ Micron Particle concentration % by weight: _____ %

Particle Hardness: Soft _____ Med _____ Hard _____ Very hard _____

**** Does the product solidify:*** yes: ____ no: ____ **** Do solids settle out:*** yes: ____ no: _____

**** Special Considerations:*** **(Shear Sensitive / Heat Sensitive / other):** _____

Heating Jackets: yes: ____ no: ____ Heating medium: Steam: _____ Hot Oil: _____

Other Comments :

OPERATING CONDITIONS:

UNITS (choose or fill-in alternative unit)

**** Flow Rate:*** _____ - (gpm / m^3hr / lpm / gpm-imp)

**** Inlet Pressure:[1]*** _____ - (psia / psig / bar / kPa / kg- cm^2)

**** Differential Pressure:*** _____ - (psia / psig / bar / kPa / kg-cm^2)

NPSHA / NPIPA:[1] _____ - (ft-water / m-water / psi / kPa)

Working Pressure: _____ - (psig / bar / kPa / kg-cm^2)

**** Pumping Temperature:*** _____ - (degrees C / degrees F)

**** Duty Cycle:*** _____ - (hours-day-week / other >> specify)

**** Altitude at installation:*** _____ - (feet / meters)

Will pump need to self-prime? yes: _____ no: ____ **** Maximum lift:*** _____ (feet / meters)

**** Equipment Location:*** Indoor: _____ Outdoor-protected: _____ Outdoor-unprotected: _____

Tropical: _____ Sand/dust: _____ Other: _____

****Electrical Power (if applicable)*** Volts: _____ Phase: _____ Hertz: _____ Enclosure: _____

Shaft sealing: Packed: _____ Lip Seal: _____ Mechanical seal (specify): _____

Additional Information: _____

_____

(new) FIELD EXPERIENCE INFORMATION: (existing)

Current Model / Size / Manufacture: _____

Pipe Size: Suction Pipe: _____ (in / mm) Discharge pipe: _____ (in / mm)

Suction Lift: yes: ____ no: _____ *Lift Height:* _____ (feet / meters)

Current time between failures: _____ (years / months / weeks / days / hours)

Other pertinent information: _____

Reason(s) for failure: (please explain in detail): _____

ON SEPARATE PAGE **-- DIAGRAM OF YOUR *APPLICATION*[1] --** TO AID US HELP YOU