




UET Mixers
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Static Mixer Data Sheet

FORM MUST BE DOWNLOADED BEFORE EDITED!

	Date:				
	Company Name:				
	Contact Name:				
	Contact Phone:				
	Contact E-mail:				
Process Conditions					
	Component Name	Flow Rate	Viscosity	Specific Gravity	Temperature
Process Description: <input type="checkbox"/> Blending <input type="checkbox"/> Dispersion <input type="checkbox"/> Heat Transfer <input type="checkbox"/> Residence Time Control					
Material of Construction:			Other:		
Internal Elements					
Element Retention Style: <input type="checkbox"/> Elements Only <input type="checkbox"/> Fixed <input type="checkbox"/> Removable <input type="checkbox"/> Edge Sealed					
Housing					
Pipe Diameter:			Pressure Rating:		
Pipe Schedule:					
End Configuration					
Type: <input type="checkbox"/> Flanged <input type="checkbox"/> Threaded <input type="checkbox"/> Plain <input type="checkbox"/> Sanitary			Flange Class & Type:		
Ports (if required)					
# of Ports:	Connection: <input type="checkbox"/> Flanged		Flange Class & Type:		
Diameter:	<input type="checkbox"/> Threaded				
Additional Options					
Testing: <input type="checkbox"/> Hydro <input type="checkbox"/> X-Ray <input type="checkbox"/> Other:		Inspection: <input type="checkbox"/> Yes <input type="checkbox"/> No		Special: <input type="checkbox"/> Mat'l Certs. <input type="checkbox"/> Other:	