

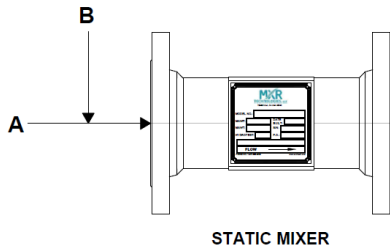


STATIC MIXER SPECIFICATION SHEET

Please provide the requested information by E-mail to sales@proconsystems.com or call 403-255-2921

COMPANY NAME: _____ CONTACT: _____
 ADDRESS: _____ CITY, PROVIDE: _____
 PHONE NUMBER: _____ E-MAIL: _____

Products Flowing	A	B	Product
Flow Rates & Units			
Viscosity & Units			
Temperature °C or °F			
Operating Pressure PSIG			
Density & Units			
Particle Size For Solids			



Existing/Preferred Pipe Diameter _____ Schedule _____

Removable Elements? Yes No Maximum Allowable ΔP _____

Material of Construction _____ End Fittings _____

Design Pressure & Temperature: _____ P.S.I.G. _____ Temp. °C or °F

Describe the Process: _____