Questionnaire to quote on

## **FLUX Drum and container pumps FLUX Eccentric worm drive pumps**



| Requested pump type                              |                         |                                    |                          |             |
|--|-------------------------|------------------------------------|--------------------------|-------------|
| ☐ JUNIORFLUX/COMBIFLUX ☐ Pun                     | np kit 🗆 Drum a         | and container pump                 | Eccentric worm-drive pur | mp          |
| Liquid data                                      |                         |                                    |                          |             |
| Description                                      | Chemical formula _      | Chemical formula                   |                          |             |
| Concentration                                    | Specific gravity        | Specific gravity g/cm <sup>3</sup> |                          |             |
| Viscosity mPas/cP at                             | Operating temperature°C |                                    |                          |             |
| Solids in suspension g/l                         | hard 🗆 soft             | Size of solids                     |                          | mm          |
| Does liquid cristallize?                         | Yes □ No                | at                                 |                          | °C          |
| Which materials are resistant to liquid accord   | ding to previous exp    | perience (pipes, containers,       | fittings)?               |             |
| Operating data                                   |                         |                                    |                          |             |
| Delivery rate I/min                              |                         | Delivery head                      | m lic                    | quid column |
| Immersion length                                 | mm                      | Mounting flange                    | □ Yes                    | □ No        |
| (for stationary installation please state dimer  | nsion from lower        | Flange on outlet                   | ☐ Yes                    | □ No        |
| side mounting flange to bottom of pump)          |                         |                                    |                          |             |
| How will the pump be used? $\hfill\Box$ portable | ☐ stationary            | ☐ horizontal                       | □ vertical               |             |
| Ø of bunghole/container opening                  | mm                      | Suction strainer                   | □ Yes                    | □ No        |
| Use in hazardous area                            | ☐ Yes ☐ No              |                                    |                          |             |
| Operating time per day                           |                         | Number of starts                   |                          |             |
| Motor data                                       |                         |                                    |                          |             |
| ☐ Commutator motor ☐ Three-phasemo               | tor                     |                                    |                          |             |
| ☐ Compressed air motor                           |                         | Operating voltage _                | Volt                     | Hz          |
| ☐ Brushless motor ☐ Battery motor                |                         |                                    |                          |             |
| ,  |                         | Operating pressure                 |                          | bar         |
| Is motor to be explosion-proof                   | □ Yes □ No              | Ex-category                        | Protection class         |             |
| Quotation to be sent by                          |                         |                                    |                          |             |
| □ E-Mail □ Mail                                  | □ Telefax               | <                                  |                          |             |
| Name   |                         | Title                              |                          |             |
| Company  |                         |                                    |                          |             |
| Address  |                         |                                    |                          |             |
| ZIP/City/Country                                 |                         |                                    |                          |             |
| Phone  |                         |                                    |                          |             |
| Mobile   |                         | E-Mail                             |                          |             |