

Form to complete and return by mail to contact@palamatic.fr

To make sure your data is taken into account, please save the document on your desktop before filling it in.

Company	<input type="text"/>	Date	<input type="text"/>
Contact name	<input type="text"/>	Project.ref	<input type="text"/>
Function	<input type="text"/>	Phone	<input type="text"/>
Adress	<input type="text"/>	E-mail	<input type="text"/>
City	<input type="text"/>		
Country	<input type="text"/>		
Sector of activity	Food & Feed <input type="checkbox"/>	Chemical industry <input type="checkbox"/>	Fine chemical industry <input type="checkbox"/>
	Building industry <input type="checkbox"/>	Water treatment <input type="checkbox"/>	Other <input type="text"/>



TECHNOLOGY

Ploughshare <input type="checkbox"/>	Blades <input type="checkbox"/>	Ribbon <input type="checkbox"/>	Double shaft <input type="checkbox"/>
Conical <input type="checkbox"/>	Vertical <input type="checkbox"/>	Laboratory <input type="checkbox"/>	To be defined <input type="checkbox"/>

TYPE OF MIXING

Dry mixing <input type="checkbox"/>	Granulation <input type="checkbox"/>	Reaction <input type="checkbox"/>
Dispersion <input type="checkbox"/>	Pyrolysis <input type="checkbox"/>	Drying <input type="checkbox"/>
Moist mixing <input type="checkbox"/>	Liquefaction <input type="checkbox"/>	Wetting <input type="checkbox"/>
Coating <input type="checkbox"/>	Others <input type="checkbox"/>	

END PRODUCT CHARACTERISTICS

Dry <input type="checkbox"/>	Dust-free <input type="checkbox"/>	Moist <input type="checkbox"/>
Powdery <input type="checkbox"/>	Free flowing <input type="checkbox"/>	Liquid <input type="checkbox"/>
Pasty, sticky <input type="checkbox"/>	Granulate, agglomerate <input type="checkbox"/>	

IS PRODUCT BUILD UP TO BE EXPECTED ?

yes* <input type="checkbox"/>	no <input type="checkbox"/>
If yes	Strong <input type="checkbox"/> Medium <input type="checkbox"/> Weak <input type="checkbox"/>

PRODUCTION PROCESS

Manual <input type="checkbox"/>	Automatic <input type="checkbox"/>	Batches <input type="checkbox"/>	Continuous <input type="checkbox"/>
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PERFORMANCE

Required flow rate - kg/h Number of cycles / hour
Working hours / day Working hours / year

PROCESS REQUIREMENTS - If possible, send us a sketch of the required installation

System implementation Indoor Outdoor
Operating temperature -20°/+40° Other
Height available in mm.
Feeding system **Nb of feeding points**
Mixer weighed yes no **CIP** yes no
Discharging type Hatch Integral **Nb of output points**
Liquid introduction* yes no **Flow rate**
*If yes, name of the product **Viscosity**
Atex yes* No **Temperature**
Zone 20 21 22 0 1 2

*If Atex zone, please send the corresponding questionnaire.

MANUFACTURING

Parts in contact with the product
Mild steel SS304 SS316 Others Lining
Other parts Blasted Polished Painted
Design pressure - bar g **Design temperature - C°**

ELECTRICAL EQUIPMENT

Control cabinet Palamatic supply Your supply
Operating voltage **Control voltage** **Valve voltage**
Frequency **IP Protection**

ADDITIONAL INFORMATION

PRODUCTS CHARACTERISTICS

	Product 1	Product 2	Product 3	Product 4
Designation				
Apparent density kg/m ³				
True density kg/m ³				
Maximum granulometry μm				
Main granulometry μm				
Angle of repose °				
Moisture content %				
Product temperature °C				
Abrasive	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>
Toxic	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>
Arching	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>
Sticky	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>
Food product	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>
Special characteristics*	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>	yes <input type="checkbox"/> no <input type="checkbox"/>

* If yes, please forward us the Material Safety Data Sheet.

It is very important to give us the maximum information on the products to be treated ; please send us the MSDS or inform us of the danger level/toxicity of the product

Note: This data is important data for the validation of the adapted system.