

1. USER DATA:

| | | | |
|----------------------------------|--|---------------------------------------|---------|
| Name of company/ address: | | | |
| Process number of the device: | | Name of the production department: | |
| Name of the contact person: | | Phone: | E-mail: |

2. SEALED FLUID DATA:

| | | | | | |
|-------------------------------------|---|-------------------------------|---|--|---|
| Type (description, formula): | | | | | |
| Sealed pressure [MPa]: | Min. | Norm. | Max. | Density at T_{oper} [g/cm ³]: | Vapor pressure at T_{oper} [MPa]: |
| Operation temperature [°C]: | Min. | Norm. | Max. | Viscosity at T_{oper} [mm ² /s]: | pH value: Min. Max. |
| Melting temperature [°C]: | | Ignition temperature [°C]: | | Flash point [°C]: | Name of acceptable barrier / buffer fluid: |
| Chemically aggressive: yes no | Abrasives: <input type="checkbox"/> yes, content % | | Characteristic changes during process: <input type="checkbox"/> yes (describe it below) <input type="checkbox"/> no | | There is a need of: <input type="checkbox"/> heating <input type="checkbox"/> cooling |

Notes (additional requirements, health and environmental risks, changes of sealed fluid characteristic during process or machine downtime etc.):

3. EQUIPMENT DATA:

| | | | | | |
|--|--|--|---|--|--|
| Manufacturer: | | | Type (name, code): | | |
| Type of equipment: <input type="checkbox"/> pump <input type="checkbox"/> mixer <input type="checkbox"/> other (what?): | Shaft's location: <input type="checkbox"/> vertical <input type="checkbox"/> horizontal <input type="checkbox"/> diagonal | Direction of rotation: <input type="checkbox"/> right <input type="checkbox"/> left <input type="checkbox"/> changeable | Mode of operation: <input type="checkbox"/> continuous <input type="checkbox"/> periodical (describe it below) | Location: <input type="checkbox"/> indoor outdoor <input type="checkbox"/> portable | |
| Suction pressure [MPa]: | Discharge pressure [MPa]: | Rotation speed [1/min]: | Quantity of seals in equipment: | | |
| Current mechanical seal: | Current plan acc. to ISO 21049 (API 682): | | Current durability of mechanical seals [h]: | | |
| Dry-running? yes no | Stop in „hot reserve“: yes no | Rapid changes in pressure: yes no | Rapid changes in temperature: yes no | | |

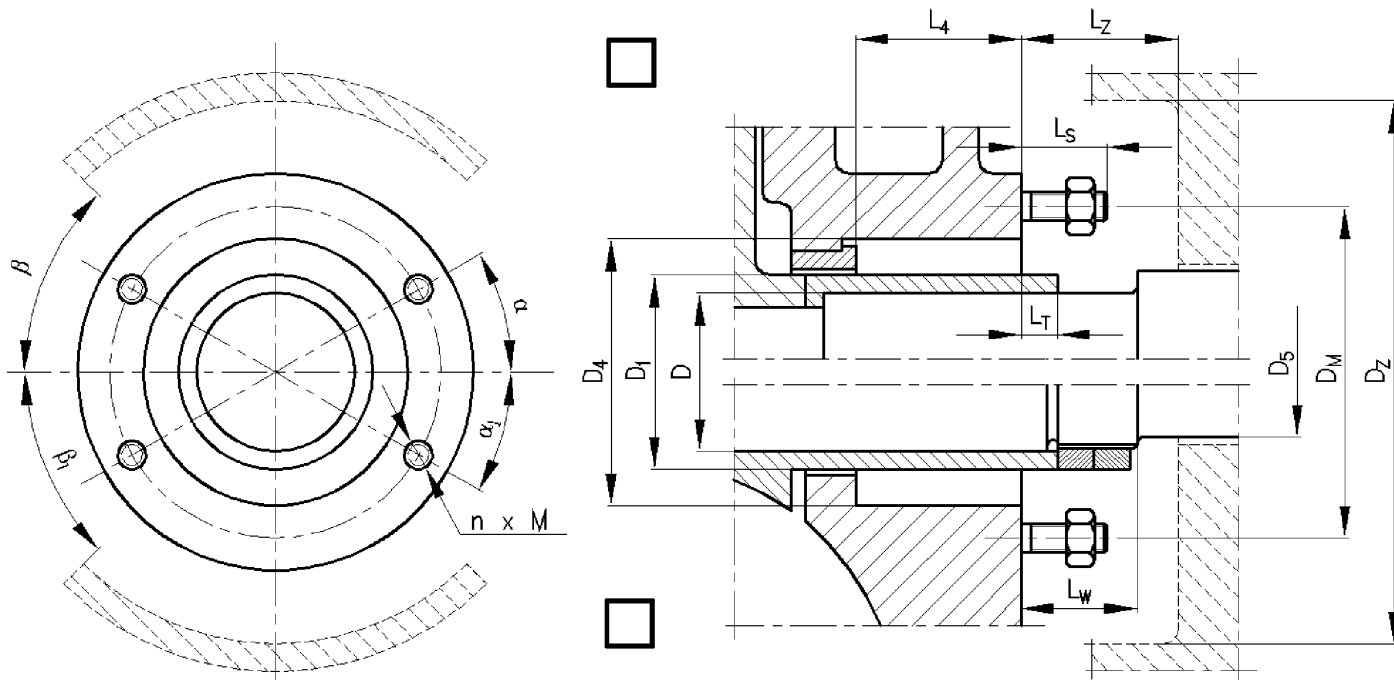
4. EXPECTED SOLUTION:

| | | | | |
|---|--|--|---|--|
| Manufacturer: | <input type="checkbox"/> component <input type="checkbox"/> cartridge | <input type="checkbox"/> single <input type="checkbox"/> double | Suggested plan acc. to ISO 21049 (API 682): | Expected durability of mechanical seals [h]: |
| Required elements of auxiliary installation: | | | | |
| <input type="checkbox"/> Temperature gauge | | <input type="checkbox"/> level switch | <input type="checkbox"/> Hand pump | <input type="checkbox"/> Other |
| <input type="checkbox"/> Pressure gauge | | <input type="checkbox"/> pressure switch | <input type="checkbox"/> Liquid level indicator | <input type="checkbox"/> Other |
| Required documents: | | | | Oczekiwana gwarancja: |
| <input type="checkbox"/> ISO certificates | | <input type="checkbox"/> ATEX declaration of conformity | <input type="checkbox"/> Other | 12 months |
| <input type="checkbox"/> Quality control certificates | | <input type="checkbox"/> FDA declaration of conformity | <input type="checkbox"/> Other | Other |

Other (additional requirements, required tests and documents, etc.):

Please tick the box next to the proper type of your installation and indicate required dimensions. If some important dimensions are not marked on the drawings, please draw them and enter values.

5. STUFFING BOX (PUMP SEALING CHAMBER):

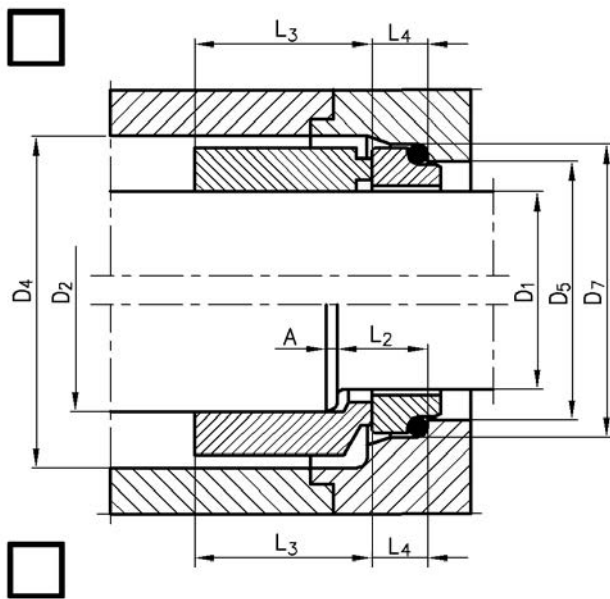


| D | D ₁ | D ₄ | D ₅ | D _M | D _Z | L ₄ | L _Z | L _T | L _W | L _S | M | n | α | α ₁ | β | β ₁ |
|---|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|---|---|---|----------------|---|----------------|
| | | | | | | | | | | | | | | | | |

6. COMPONENT MECHANICAL SEAL

7. OTHER SOLUTION

Please attach a description, sketches, drawings, photos, etc.



| D ₁ | D ₂ | D ₄ | D ₅ | D ₇ | L ₂ | L ₃ | L ₄ | A |
|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|---|
| | | | | | | | | |