



VANE PUMP APPLICATION INFORMATION

Page Number	011-001
Effective	Feb. 2005
Replaces	Form 032502
Section	011

From:		Country:	
Company:		Date:	
Phone:		Fax / E-mail:	
End User Name:			

NOTES: - * **Bold / Italic items indicate minimum required information for pump application and quotation.**
¹ Customer or Distributor are responsible to qualify adequate suction conditions for the specific fluid /system conditions.

LIQUID INFORMATION:

* **Liquid Name:** _____ **UNITS (choose or fill-in alternative unit)**

* **Viscosity:** _____ - (cP / ssu / cSt / m²-s / Pa-s)

Specific Gravity: _____ - (SG / g-cm³)

Vapor Pressure:¹ _____ - (psia / kPa / kg-cm² (abs) / mm-Hg)

* **Does the product have lubricating properties:** yes: _____ no: _____

* **Materials of Construction:** **Elastomers:** FKM: _____ PTFE: _____ Other(specify): _____
Corrosive: yes: _____ no: _____
Metallurgy: Ductile iron: _____ Stainless steel: _____

* **Abrasive:** yes: _____ no: _____ Particle size: _____ Micron Particle concentration % by weight: _____ %
Particle Hardness: Soft _____ Med _____ Hard _____ Very hard _____

* **Does the product solidify:** yes: _____ no: _____ * **Do solids settle out:** yes: _____ no: _____

* **Special Considerations: (Shear Sensitive / Heat Sensitive / other):** _____
Heating Jackets: yes: _____ no: _____ Heating medium: Steam: _____ Hot Oil: _____
Other Comments :

OPERATING CONDITIONS:

UNITS (choose or fill-in alternative unit)

* **Flow Rate:** _____ - (gpm / m³hr / lpm / gpm-imp)

* **Inlet Pressure:¹** _____ - (psia / psig / bar / kPa / kg- cm²)

* **Differential Pressure:** _____ - (psia / psig / bar / kPa / kg-cm²)
NPSHA / NPIPA:¹ _____ - (ft-water / m-water / psi / kPa)

Working Pressure: _____ - (psig / bar / kPa / kg-cm²)

* **Pumping Temperature:** _____ - (degrees C / degrees F)

* **Duty Cycle:** _____ - (hours-day-week / other >> specify)

* **Altitude at installation:** _____ - (feet / meters)

Will pump need to self-prime? yes: _____ no: _____ * **Maximum lift:** _____ (feet / meters)

* **Equipment Location:** Indoor: _____ Outdoor-protected: _____ Outdoor-unprotected: _____
Tropical: _____ Sand/dust: _____ Other: _____

* **Electrical Power (if applicable)** Volts: _____ Phase: _____ Hertz: _____ Enclosure: _____

Shaft sealing: Packed: _____ Lip Seal: _____ Mechanical seal (specify): _____

Additional Information: _____

(new) FIELD EXPERIENCE INFORMATION: (existing)

Current Model / Size / Manufacture: _____

Pipe Size: Suction Pipe: _____ (in / mm) Discharge pipe: _____ (in / mm)

Suction Lift: yes: _____ no: _____ Lift Height: _____ (feet / meters)

Current time between failures: _____ (years / months / weeks / days / hours)

Other pertinent information: _____

Reason(s) for failure: (please explain in detail): _____

ON SEPARATE PAGE -- **DIAGRAM OF YOUR APPLICATION¹** -- TO AID US HELP YOU