

Form to complete and return by mail to [contact@palamatic.fr](mailto: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"/>
Address	<input type="text"/>	E-mail	<input type="text"/>
City	<input type="text"/>		
Country	<input type="text"/>		
<b>Sector of activity</b>	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 granulate <input type="checkbox"/>	Liquid <input type="checkbox"/>
Pasty, sticky <input type="checkbox"/>	agglomerate <input type="checkbox"/>	

### IS PRODUCT BUILD UP TO BE EXPECTED ?

yes* <input type="checkbox"/>	no <input type="checkbox"/>
<b>If yes</b>	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**

**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
<b>Designation</b>				
Apparent density kg/m <sup>3</sup>				
True density kg/m <sup>3</sup>				
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.