## **ROTARY VALVE QUESTIONNAIRE**



**CUSTOMER DETAILS** Date Landline Company Person Name **Email** Mobile Address **SYSTEM** Unit / Equipment No. Service Valve will be under Valve will be above Bar.G Pressure at Valve Inlet Bar.G Pressure at Valve Outlet DT °C max **Product Temperature** °C min T/h max Throughput T/h min Operation Location Area Classification **ATEX DT-DCSR PRODUCT** Name t/m<sup>3</sup> Average Bulk Density [max] Particle Size [min] degree Angle of Repose % wt. (wet basis) Moisture Flowability **DST** Characteristics **Other Characteristics VALVE SPECIFICATION Number Required** Type Body, End Covers **Rotor Material Number of Blades Rotor Blades Shaft Sealing** BT Accessories **DRIVE** Make Volt Voltage Hz Frequency

**BT-DCSR** 

## **Any Other Comments:**

Protection Other

Thermistor