

Customer _____ Name _____ Date _____

Tel _____ Fax _____ e-mail _____

CURRENT

What is being used? Make _____ Type _____

Does it work well? Y N

If "No" please describe the symptoms

Glazing on ID Tearing Softening Breaking off
 Hardening Drying out Extruding Wearing on ID
 Other _____

EQUIPMENT

Pump Valve Mixer Other _____

Shaft Dia _____ Bore Dia _____ Box Depth _____

Condition of Equipment New Reasonable Worn

SERVICE

Media _____ pH _____ Temperature _____ °C

Speed _____ rpm Size See Above

Pressure _____ bar Pump Info See Above

Most Slurry Pumps Take Soft Packing

COMMENTS
