



SANITARY MIXER SPECIFICATION SHEET

Please provide the requested information by E-mail to info@mxrtech.com or call 1-951-303-4600.

COMPANY NAME: _____

CONTACT: _____

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

PHONE NUMBER: _____

E-MAIL: _____

Products Flowing	A	B	Product
Flow Rates & Units			
Viscosity & Units			
Temperature C or F			
Operating Pressure P.S.I.G.			
Density & Units			
Particle Size For Solids			



SANITARY MIXER

Existing/Preferred Tube Diameter _____ Wall Thickness _____

Removable Elements? Yes No Maximum Allowable ΔP _____

Material of Construction _____ End Fittings _____

Design Pressure & Temperature: _____ P.S.I.G. _____ Temp. °C or °F

Describe the Process: _____