

M-D Pneumatics® KINNEY®

All information on this form MUST be provided. Submissions with partial information will not be quoted.

Call 1-800-825-6937 to submit your form or fax your form to 417-865-2950

Briefly des	cribe process:									
	oo p. 00000.									
Contact:							Phone:			
Company:							Fax:			
Street:							Email:			
City:	Zip Code:						Cust Ref:			
State:			Country:				Due Date:			
Site Condit	tions		<u>.</u>							
						ration (above sea level) Power Frequency (Hz)				
	erating Condition (enter alt	ernate conditions in Not	tes section)							
Flow Rate (mass or volumetric flow)		Inlet Gas Temperat	ure						
Suction (inlet) Pressure Discharge (outlet) Pressure					Gauge Pressure			Absolute Pressure		
Provide Gas % below <u>OR</u> Properties to the right (required for internal temperature calc					1)	Specific Hea	at	Molecular Weight		
Mass %		Mole %								
Gas Composition (inside the blower or pump)					Notes:					
	Gas Name	%								
Gas 1										
Gas 2										
Gas 3										
Gas 4										
Gas 5										
Gas 6										
Gas 7										
Gas 8										
Gas 9										
Gas 10										
	Construction Preference					. (0) . ((0)				
Metal options**			Elastomers/Shaft Seal options**							
Cast Iron Ductile Iron Stainless Steel				FKM (e.g. Viton)			FFKM (e.g. Simriz) Kalrez			
Cooling Me	edia Available									
Cooling Liquid (water typical):						Cooling liquid temperature				
ATEX Area Classification Explosion Group				Termpera				ture Class		
External Internal				External			•	Internal		
	External		Internal			EXU	erriai		internal	
None		None		None						
IIA		IIA		T1 450)° C					
IIB		IIB		T2 300)° C					
IIC		IIC		T3 200)° C					
	Zone the Blower or	Booster Will Be Used I	n n	T4 135	5° C					
	External	T T	Internal	T5 100						
No Zone		No Zone		T6 85						
							S	(0 - (: (T. I. I. IV	
Zone 0		Zone 0		Certifi	cates	requirea (L	Declaration o	t Contormity	/ included):	
Zone 1		Zone 1			Hydrostatic Test Document High Pressure Leak Test Document					
Zone 2		Zone 2		1						
Printed Nan	nted Name Signature		ture	<u> </u>	Date)	Project Location			
		+		-						
Dogists	for \/DV===+=\	Inline Dreduct Cal-	otion Tool are see	r 14:05:5:	to.					
rkegister	for VBXpert Portal O	mine Product Sele	CHOIL LOOLOILOR	websi	ι C .				www.md-kinney.com	