

**TECHNICAL INPUT DATA SHEET • MISTFIX® MIST ELIMINATOR**

COMPANY INFORMATION:			
Company:		Date:	
Contact Name:		Contact Title:	
Address:		Phone:	
		Email:	

INQUIRY DETAILS:			
End User Name:		Project Name:	
Service:		Tag:	
Due Date:		Bid Type:	<input type="checkbox"/> Firm <input type="checkbox"/> Budget

STATE YOUR MIST ELIMINATION APPLICATION (MISTFIX® MIST ELIMINATOR)	

PROCESS CONDITIONS (Provide appropriate units):			
Operating Temperature		Operating Pressure	
<b>Vapor (Type)</b>		<b>Liquid (Type)</b>	
Flow Rate (_____)		Flow Rate (_____)	
Density (_____)		Density (_____)	
Viscosity (_____)		Viscosity (_____)	
Compressibility (Z)		Surface Tension (_____)	
Operating Range			
Slug Volume (If Any)		Allowable Pressure Drop	
Solids/Foulants: <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, Explain) _____			

VESSEL DETAILS:	
Diameter (ID):	Height/Length:
<input type="checkbox"/> Vertical <input type="checkbox"/> Horizontal	<input type="checkbox"/> New <input type="checkbox"/> Existing
Vapor Outlet Nozzle Size (ID): _____ <b>(min 8" required)</b>	
Flange Type / Rating (Vapor Outlet):	
O.S Nozzle Projection (Vapor Outlet):	
HLL =	Vessel Manway (ID):

DESIRED SEPARATION:	
Target Droplet	_____ % removal of _____ μm

MISTFIX® MIST ELIMINATOR:	
Preferred Type:	<input checked="" type="checkbox"/> Mesh
Material:	<input type="checkbox"/> 304 <input type="checkbox"/> 316 <input type="checkbox"/> Other: _____
Remarks:	

SKETCH