



Peristaltic Pump Application Worksheet

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Date:	<input type="text"/>	Project Reference:	<input type="text"/>
Company/Facility:	<input type="text"/>	Address:	<input type="text"/>
State/Province:	<input type="text"/>	Zip/Postal Code:	<input type="text"/>
Contact Name:	<input type="text"/>	Sales Rep:	<input type="text"/>
Contact Phone:	<input type="text"/>	Contact Email:	<input type="text"/>

Fluid Name/Type:	<input type="text"/>		
Desired Capacity (GPH / GPM):	<input type="text"/>	Viscosity (CPS):	<input type="text"/>
Fixed / Variable Speed:	<input type="text"/>	Speed Controller Required:	<input type="text"/>
Min Flow (GPM):	<input type="text"/>	Max Flow (GPM):	<input type="text"/>
Pressure, Suction (PSIA):	<input type="text"/>	Pressure, Discharge (PSI):	<input type="text"/>
Suction Distance / Diameter:	<input type="text"/>	Discharge Distance / Diameter:	<input type="text"/>
Temperature (°F):	<input type="text"/>	Solids % / Max Size:	<input type="text"/>
Moisture Content:	<input type="text"/>	Motor Required:	<input type="text"/>
Intermittent / Continuous:	<input type="text"/>	Operation Hours Per Day:	<input type="text"/>
Explosion Proof:	<input type="text"/>	Volts / Phase / Hertz:	<input type="text"/>

Additional Application Notes: