

VALVE SPECIFICATION SHEET

CUSTOMER NAME _____ DATE: _____

1. BRIEFLY DESCRIBE THE TYPE OF SYSTEM IN WHICH THE VALVE(S) WILL BE INSTALLED.

2. VALVE(S) WILL BE INSTALLED: INSIDE OUTSIDE

3. GIVE AN ACCURATE DESCRIPTION OF THE FLOW MEDIA, INCLUDING TYPES AND PERCENTAGES OF ANY CHEMICALS OR SOLIDS WHICH WILL BE PRESENT, ALSO INCLUDE PH LEVEL:

4. THE NORMAL TEMPERATURE OF THE FLOW MEDIA IS: _____ °F

5. THE MAXIMUM TEMPERATURE OF THE FLOW MEDIA IS: _____ °F

6. THE MAXIMUM TEMPERATURE OF THE AREA SURROUNDING THE VALVE IS: _____ °F

7. LIST ANYTHING IN THE ATMOSPHERE AROUND THE VALVE WHICH COULD ADVERSLY AFFECT THE VALVE MATERIALS.

8. WHAT IS THE NORMAL IN-LINE PRESSURE OF THE FLOW MEDIA? _____ (PSI)

9. WHAT IS THE MAXIMUM IN-LINE PRESSURE THAT THE VALVE COULD EXPERIENCE IN THIS SYSTEM? _____ (PSI)

10. HOW IS THE VALVE TO BE ACTUATED? _____ IF A CYLINDER IS TO BE USED, PLEASE INDICATE

11. WHETHER IT WILL BE PNEUMATIC HYDRAULIC,

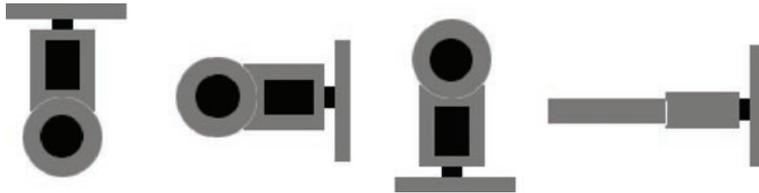
12. AND GIVE THE OPERATING PRESSURE AVAILABLE. _____ (PSI)

13. HOW OFTEN WILL THE VALVE BE ACTUATED? _____ TIMES PER

14. WILL THE VALVE BE USED FOR ISOLATION OR FLOW CONTROL (THROTTLING) OR DEAD END SERVICE?

IF THE VALVE IS FOR THROTTLING, CONSULT FACTORY.

15. PLEASE CHOOSE THE ILLUSTRATION WHICH BEST INDICATES THE INSTALLED POSITION OF THE VALVE(S).



OTHER SPECIFY: °

16. WHAT IS THE REQUIRED FLOW THROUGH THE VALVE? _____ (GPM)

17. WHAT SIZE VALVE IS BEING REQUESTED? _____

18. WHAT PRESSURE RATING DO YOU REQUIRE? _____

19. WILL THE VALVE BE USED IN AN FDA SERVICE? YES NO

20. IS THE APPLICATION UNI-DIRECTIONAL OR BI-DIRECTIONAL?

PLEASE COMPLETE THIS FORM AND SEND BACK TO TRUeline VALVE CORP.

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