

## 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,

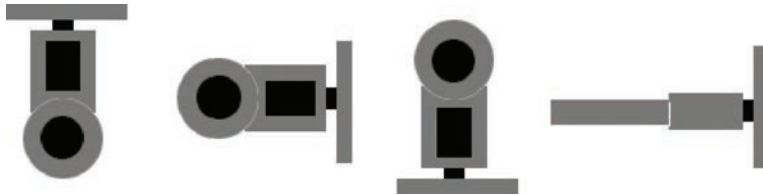
12. AND GIVE THE OPERATING PRESSURE AVAILABLE. \_\_\_\_\_ (PSI)

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.

FAX (514) 457-1348 OR EMAIL: [trueline.sales@trueline.ca](mailto:trueline.sales@trueline.ca)