

# Ball Valve Selection Sheet

Distributor's Name: \_\_\_\_\_ Date: \_\_\_\_\_

End User Company: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Seat Type: _____	Body Material: _____	Packing Type: _____
Quantity: _____	<u>Line Size:</u>	<u>Flow Direction:</u>
	<input type="checkbox"/> 1/2" <input type="checkbox"/> 3/4"	<input type="checkbox"/> 1 Way <input type="checkbox"/> 2 Way
<u>Type of Port</u>	<input type="checkbox"/> 1" <input type="checkbox"/> 1 1/2"	<input type="checkbox"/> 3 Way <input type="checkbox"/> 4 Way
<input type="checkbox"/> Full Port (FP)	<input type="checkbox"/> 2" <input type="checkbox"/> 2 1/2"	
<input type="checkbox"/> Reduced Port (RP)	<input type="checkbox"/> 3" <input type="checkbox"/> 4"	<u>Shut-Off Class</u>
	<input type="checkbox"/> 6" <input type="checkbox"/> 8"	<input type="checkbox"/> Class IV (4) <input type="checkbox"/> Class V (5)
<u>ANSI Rating (Pressure Class)</u>	<input type="checkbox"/> 10" <input type="checkbox"/> 12"	<input type="checkbox"/> Class VI (6) <input type="checkbox"/> Zero Leakage
<input type="checkbox"/> ANSI 150 <input type="checkbox"/> ANSI 900 <input type="checkbox"/> Other (Specify): _____		<input type="checkbox"/> Other (Specify): _____
<input type="checkbox"/> ANSI 300 <input type="checkbox"/> ANSI 1500	End Connection: _____	Inlet Pressure: _____ PSI
<input type="checkbox"/> ANSI 600 <input type="checkbox"/> ANSI 2500	Working Temp: _____	Outlet Pressure: _____ PSI

Media: \_\_\_\_\_ Abrasive: ☐ Yes ☐ No

Working pH: \_\_\_\_\_ Percentage of Solids: \_\_\_\_\_ %

State: ☐ Dry ☐ Liquid ☐ Other (Specify): \_\_\_\_\_

Max Temperature: \_\_\_\_\_ Peak Temperature: \_\_\_\_\_ Min. Design Temperature: \_\_\_\_\_

Will the Valve be Automated: ☐ Yes ☐ No Cycle Frequency: \_\_\_\_\_

If Yes: Air Supply: \_\_\_\_\_ PSI

<u>Tubing Material</u>	<u>Actuator Action</u>	<u>Valve Orientation</u>
<input type="checkbox"/> Rubber	<input type="checkbox"/> Single Acting (SR)	<input type="checkbox"/> Vertical
<input type="checkbox"/> Stainless Steel	<input type="checkbox"/> Double Acting (DA)	<input type="checkbox"/> Horizontal
<input type="checkbox"/> Other (Specify): _____	<input type="checkbox"/> Other (Specify): _____	<input type="checkbox"/> Other (Specify): _____

Comments / Options:

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Selected Model Number: \_\_\_\_\_