



Severe Service Control Valves - Application Data and Sizing Sheet

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CUSTOMER: _____

DUE DATE: _____

ADDRESS: _____

INQUIRY #: _____

CONTACT: _____

REQUIRED DELIVERY: _____

PHONE: () _____ FAX: () _____

VALVE SERVICE _____

VALVE TAG #: _____

PART I - VALVE SPECIFICATIONS

- **NORMAL VALVE USE:** ON/OFF: _____ CONTROL: _____
- **Inlet Size:** _____ **Outlet Size:** _____ ANSI Class: _____ End connections: _____
- Pipe Material: _____ Pipe Schedule: Inlet: _____ Outlet: _____
- Body Material: ASTM A105 _____ A182-F22 _____ 316SS _____ Other: _____
- Trim Material: Standard per DFT Bulletin: _____ Other: _____
- Packing Material: Teflon: _____ Graphite: _____ Other: _____
- Seals: EPT O-rings: _____ 304SS/Graphite Gaskets: _____ Other: _____

PART II - SIZING DATA

- **FLOW MEDIA:** Liquid: _____ Gas: _____ Steam: _____ Other: _____
- SPEC GRAVITY (Liquid/Gas): _____ @ _____ ° F SPEC VOLUME (Steam): _____ @ _____ ° F
- VAPOR PRESSURE (Liquid/Gas): _____ @ _____ ° F VISCOSITY: _____ @ _____ ° F

	UNITS (psig, ° F, #/hr, etc.)	DESIGN CONDITIONS	OPERATING CONDITIONS			VALVE SIZING CONDITIONS
			MAXIMUM	NORMAL	MINIMUM	
INLET (P1)						
OUTLET (P2)						
TEMP (T)						
FLOW						

- **MAXIMUM PRESSURE DIFFERENTIAL VALVE MUST OPEN OR CLOSE AGAINST:** _____ **PSIG**

PART III - ACTUATOR

- **TYPE:**
PNEUMATIC: Diaph: _____ Piston: _____ HYDRAULIC: _____ ELECTRIC: _____ MANUAL: _____ OTHER: _____
- **POWER SOURCE:**
 _____ AIR: Min psig: _____
 _____ ELECTRIC: Volts: _____ AC: _____ DC: _____ NEMA _____ Enclosure
 _____ HYDRAULIC: Psig: _____ Capacity (GPM): _____
- **ACCESSORIES:**
 _____ MANUAL OVERRIDE: Top: _____ Bottom: _____
 _____ **POSITIONER** Type: _____ Model: _____ **Signal:** 3-15 psig _____ 4-20mA: _____
 _____ SOLENOID: Volt: _____
 _____ LIMIT SWITCHES: Qty: _____ Volt: _____ DPDT: _____ SPST: _____ Open: _____ Closed: _____
 _____ TRANSDUCER: In: _____ Out: _____
 _____ AIR FILTER/REG: With gauges: _____ Without gauges: _____
- **OTHER:**
 Upon increase in positioner input signal, valve **MUST**: Open: _____ Close: _____
Upon loss of power source, valve MUST fail: Open: _____ Close: _____ Other: _____
Upon loss of control signal, valve MUST fail: Open: _____ Close: _____ Other: _____

PART IV - VALVE

- **TYPE:** HI-100 w/QCT: Top: _____ Bottom: _____ Ultra-Trol: _____ Uniflo: _____

Prepared By: _____ Date: _____ Phone: _____ Fax: _____

(Bold italicized items are required to properly select a DFT control valve)