

Find a Solution

Simply outline your valve problems on this form, giving as much detail as possible. Fax this filled form to 61 (0)8 9341-1577. We will respond promptly.

Your Details

Name

Company Name

Email

Telephone

Fax

Tell us about your valve problem here

Your Current Valve in Service

Valve Manufacturer's Name

Size

Model Number

Materials of Manufacture

Body

Seats

Pressure Rating (ANSI, DIN, JIS etc.)

Trim

Seals

Face to Face Dimension (mm)

Service life and reason for failure (Please provide with as much detail as possible)

Process Information

Media

Chemical Composition

_____ %
_____ %
_____ %

Pressure (Operating / Design) (kpa)

Percentage of solids

Properties

Gas Liquids Dry

Heavy Slurry Dry Slurry

Temperature

Operating ____ (C) Design ____ (C)

Valve Operation

Style

Isolation Modulation Both

Shut-off Req

Class 6 – Bubble Tight

Class 4

Minimal Leakage Acceptable

Number of Cycles

Per Hour ____ Per Day ____ Other ____

Actuation

Manual Lever

Gear Box

Pneumatic

Electric

History

Metals

Wear Points – Where the valve is wearing

Current life span of new valves in application

Hours ____ Days ____ Weeks ____ Months ____

Elastomers best suited

Reasons for premature failure

Corrosion Abrasion Others

Other

Piping and flange material used in application

Gasket Material

Comments
