

Gasket Application Data Sheet

Sealing Solutions



Customer Information	
Utility:	Name:
Site:	Phone:
Title:	Email:

General Application Data

Applications:	Service Conditions										
<input type="checkbox"/> Pipe Flange <input type="checkbox"/> Compressor <input type="checkbox"/> Manway <input type="checkbox"/> Valve Bonnet <input type="checkbox"/> Heat Exchanger <input type="checkbox"/> Flue Duct <input type="checkbox"/> Pump - Pump Type _____ <input type="checkbox"/> Other _____	<table border="1"> <tr> <td>Max Temp (F/C):</td> <td>Continuous Operating Temp (F/C):</td> </tr> <tr> <td>Internal Pressure (psig/bar):</td> <td>PSIG/BAR: <input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent</td> </tr> <tr> <td>Thermal Cycling: <input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>Vibration: <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>Frequency of Cycle: Temp Range:</td> <td></td> </tr> <tr> <td colspan="2">Other (Specify):</td> </tr> </table>	Max Temp (F/C):	Continuous Operating Temp (F/C):	Internal Pressure (psig/bar):	PSIG/BAR: <input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent	Thermal Cycling: <input type="checkbox"/> Yes <input type="checkbox"/> No	Vibration: <input type="checkbox"/> Yes <input type="checkbox"/> No	Frequency of Cycle: Temp Range:		Other (Specify):	
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Bolting Information	Chemical Compatability
Grade:	Media:
Length:	Concentration:
Diameter:	pH:
Number:	Liquid or Gas:

Flange		
Standard: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Nominal Pipe Size:	Flange Spec:	ID:
Pressure Class:	<input type="checkbox"/> ASME B16.5	OD:
Flange Material:	<input type="checkbox"/> B16.47 Series A (MSS SP 44)	Flange Thickness:
Surface Finish: <input type="checkbox"/> Ra <input type="checkbox"/> RMS	<input type="checkbox"/> B16.47 Series B (API 605)	Bolt Circle:
Flange Finish Type: <input type="checkbox"/> Phonographic <input type="checkbox"/> Concentric <input type="checkbox"/> Smooth <input type="checkbox"/> Other _____	<input type="checkbox"/> Other: _____	Flange Hole Diameter:
Flange Type: <input type="checkbox"/> Raised Face <input type="checkbox"/> Flat Face <input type="checkbox"/> Tongue & Groove <input type="checkbox"/> Male & Female <input type="checkbox"/> Flat to Recess <input type="checkbox"/> Other: _____		Additional Information:

Gasket Recommendation Questions **Fill out to the best of your ability**

- What was the original gasket material and thickness being used, what issue were you having?
- What torque/gasket stress are you currently using?
- Does the material need to meet any special requirements? (Purity limits such as total/leachable chlorides, sulfur, & others? DFAR compliant? Food Grade? Anything else/additional?)
- If the gasket is being used in a run of piping, what is the closed width gap between the flanges?
- Is the gasket subject to radiation? How much?

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