



PRESSURE CONTROL VALVESPECIFICATION CHECKLIST

Company Name: _____ Date: _____

Address: _____

Contact: _____ Telephone __ (____) _____

Fax: __ (____) _____

1. Application: _____

2. Type: Spring Reference _____

Dome Loaded Internal: _____ External: _____

3. Pressure Ranges: Inlet: _____ Maximum: _____ Minimum: _____

Outlet: _____ Maximum: _____ Minimum: _____

4. System Fluid(s): _____

5. Fluid Temperature: Max. _____ °F Min. _____ °F

6. Fluid Flow Rate (not required if C_v known): _____

7. Flow Coefficient: $C_v =$ _____

8. Materials: Body _____ Trim _____ Seals _____

Seat _____ Diaphragm: _____

9. Options: Safety Relief: _____ Panel Mount: _____

10. Cleaning: _____

11. Units Must Meet the Following Specifications _____

12. Quantity Required: Now _____ Yearly _____ Per System _____

13. Target Price: _____

14. Remarks: _____
