

# DIAPHRAGM SEAL APPLICATION WORKSHEET

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Customer: \_\_\_\_\_ Date: \_\_\_\_\_ Ref # \_\_\_\_\_

## 1. SEAL INFORMATION:

Description (or Model) of Seal Requested:

Process Connection:	Threaded: _____	Fill Fluid _____
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Flanged: \_\_\_\_\_ Inch (es) \_\_\_\_\_ lb

Sanitary: \_\_\_\_\_ Inch (es) Tri-clamp \_\_\_\_\_

Other: \_\_\_\_\_

Seal Materials: Upper \_\_\_\_\_ Lower \_\_\_\_\_ Diaphragm \_\_\_\_\_

Capillary (if any):  NO  YES \_\_\_\_\_ Ft

## 2. PROCESS INFORMATION

	Maximum	Working	Minimum	Process Fluid
Process Pressure				_____
Process Temperature				_____

Process Pulsation? \_\_\_\_\_ Vibration? \_\_\_\_\_

## 3. SENSOR INFORMATION:

_____ Gauge? _____ Switch? _____ Transmitter? _____ Other?	DESCRIBE: Model: _____ Pressure Range: _____ Other: _____
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4. AMBIENT CONDITIONS: Temperature Range: High: \_\_\_\_\_ Low \_\_\_\_\_

Other: Inside/Outside \_\_\_\_\_ Sunny/Shaded \_\_\_\_\_ Wet/Dry \_\_\_\_\_ Corrosive \_\_\_\_\_

## 5. OTHER INFORMATION, OR SPECIAL NEEDS:

\_\_\_\_\_

## 6. NOTES:

\_\_\_\_\_

<b><u>FOR REOTEMP USE ONLY</u></b>			
<b>RECOMMENDATIONS:</b>			
By:	Date:	Given to Customer By:	Date:

**\*\*NOTE:** REOTEMP is glad to provide applications assistance, based on limited information, but final compatibility is the responsibility of the buyer.