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Check Valve Application Data Sheet

FOR DFT USE ONLY:

Cust#: _____ RSM: _____ ENG: _____

Customer Company: _____
Contact/Requestor: _____
Phone: _____ Fax: _____
email: _____
End User: _____ Location: _____

Date: _____ Page: ____ of ____

QUOTE NO.: _____ ITEM NO. _____

Valve Required on-site Date _____

GENERAL INFORMATION	Quantity:	
	Line Size (Nominal):	
	Pressure Class (ASME):	<input type="checkbox"/> 150 <input type="checkbox"/> 300 <input type="checkbox"/> 600 <input type="checkbox"/> 900 <input type="checkbox"/> 1500 <input type="checkbox"/> 2500
	Model:	Part No (if known):
	Repair Kit:	<input type="checkbox"/> Repair Kit: Part No (if known):
	End Connections:	Flanged: <input type="checkbox"/> Raised Face <input type="checkbox"/> Flat Face <input type="checkbox"/> RTJ
		Wafer: <input type="checkbox"/> Wafer RF <input type="checkbox"/> Wafer RTJ
		Butt Weld: <input type="checkbox"/> Pipe schedule _____
		Threaded: <input type="checkbox"/> NPT <input type="checkbox"/> Socket Weld
Connections:	<input type="checkbox"/> End to end length required: _____ <input type="checkbox"/> Special port (type/size): _____	
Orientation:	<input type="checkbox"/> Horizontal Vertical: <input type="checkbox"/> Flow up <input type="checkbox"/> Flow down	
MATERIALS OF CONSTRUCTION	Body:	
	Disc:	
	Seat:	
	Spring:	
	Bushing:	
	Gaskets:	
	Bolting:	
	Soft Seat:	
	API Trim #:	
	Other (note):	

FLOW CONDITIONS	Fluid State:	<input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> Steam <input type="checkbox"/> Two-phase % each phase _____				
	Fluid:					
		Units (Ex: GPM, PSI, °F etc)	Minimum Flow	Normal Flow	Maximum Flow	Other
	Flow Rate:					
	Temperature at condition:					
	Inlet pressure at condition:					
	Specific Gravity at condition:					
	Viscosity at condition:					
	(for gases) density at inlet pressure for condition:					
	(for gases) compressibility factor:					
	Required Differential Pressure:					
	Cracking Pressure:	<input type="checkbox"/> Standard <input type="checkbox"/> Special (PSI) _____				

MATERIAL REQUIREMENTS		For which parts?	Per what specification?	Requirement limit
	<input type="checkbox"/> PT (liquid penetrant test)			
	<input type="checkbox"/> MT (magnetic particle test)			
	<input type="checkbox"/> RT (radiography/xray exam)			
	<input type="checkbox"/> Passivation			
	<input type="checkbox"/> Charpy Impact test			____ ft lb @ ____ °F
	<input type="checkbox"/> Hardness test			____ max
	<input type="checkbox"/> Ferroxyl test			
	NACE: <input type="checkbox"/> NACE MR 0175 <input type="checkbox"/> NACE MR 0103			
<input type="checkbox"/> Other:				

PROCESSING REQUIREMENTS		For which parts?	Per what specification?
	<input type="checkbox"/> Special Cleaning		
	<input type="checkbox"/> Special Testing		
	<input type="checkbox"/> Special Painting		
	<input type="checkbox"/> Special Tagging		
	<input type="checkbox"/> Special Packaging		
	<input type="checkbox"/> Welded disc stem		
	<input type="checkbox"/> Seal Welded		
	<input type="checkbox"/> Other:		

QUALITY REQUIREMENTS		For which parts?	Per what specification?
	<input type="checkbox"/> CMTRs:		
	<input type="checkbox"/> PMI (Positive material ID-not available for carbon steel)		
	<input type="checkbox"/> PED/CE MARK:		
	<input type="checkbox"/> API 6D compliance		
	<input type="checkbox"/> Special inspection		
	<input type="checkbox"/> Witnessed testing/inspection		
	<input type="checkbox"/> Cert. of Compliance:		
	<input type="checkbox"/> Other:		

DOCUMENT REQUIREMENTS	<input type="checkbox"/> Drawing	<input type="checkbox"/> Heat treatment procedures
	<input type="checkbox"/> General Arrangement	<input type="checkbox"/> Casting weld repair maps
	<input type="checkbox"/> Certified (order-specific information)	<input type="checkbox"/> 6FA fire testing certification
	<input type="checkbox"/> Approval (Mfg held until approval received)	<input type="checkbox"/> Shipment release required before shipment
	<input type="checkbox"/> CRN (Canadian Registration Number)	<input type="checkbox"/> Manufacturing schedule
	<input type="checkbox"/> Weld procedure specifications (WPS)	<input type="checkbox"/> Inspection and test plan (ITP)
	<input type="checkbox"/> Weld procedure qualification records (PQR)	
	<input type="checkbox"/> Photos Of what components at what stage? _____	
	<input type="checkbox"/> Other:	

OTHER REQMTS		For which parts?	Per what specification?	Requirement limit

NOTES			

DELIVERY: ____ wks.	
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