

# Valves Questionnaire Form



Company: \_\_\_\_\_ Contact pers: \_\_\_\_\_ 1  
 \_\_\_\_\_ email \_\_\_\_\_  
 Project: \_\_\_\_\_

Type of valves	<input checked="" type="checkbox"/> Ball Valve	<input type="checkbox"/> Butterfly Valve	<input checked="" type="checkbox"/> Gate Valve		
	<input checked="" type="checkbox"/> Knife Gate	<input type="checkbox"/> Globe Valve	<input type="checkbox"/> Membrane Valve		
	<input type="checkbox"/> Pinch Valve	Others			
<b>Medium Conditions</b>					
Medium	<input type="checkbox"/> Water	<input type="checkbox"/> Fluid			
	<input type="checkbox"/> Air	<input type="checkbox"/> Gas			
	<input type="checkbox"/> Steam Saturated		<input type="checkbox"/> Steam overheated	<input type="checkbox"/> Pulp	
	<input type="checkbox"/> Other:				
Presence of impurities, abrasives	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Substance _____ % Content _____	Size of Particles MM _____ Other _____	
Working Pressure	<input type="checkbox"/> Bar <input type="checkbox"/> MPa	Min _____	Norm _____	Max _____	
Working Temperature °C	<input type="checkbox"/> °C	Min _____	Norm _____	Max _____	
Density	<input type="checkbox"/> Kg/M <sup>3</sup> <input type="checkbox"/> g/cm <sup>3</sup>	Min _____	Norm _____	Max _____	
Viscosity	Un. _____	Min _____	Norm _____	Max _____	
Direction of flow	<input type="checkbox"/> One Direrction <input checked="" type="checkbox"/> Both Directions				
<b>Additional:</b>					
<b>Parameters of environment:</b>					
Installation	<input type="checkbox"/> Inside	<input type="checkbox"/> Outside	Temp Environ Min _____ °C Max _____ °C		
			<input type="checkbox"/> Under Roof	<input type="checkbox"/> Open Space	
	<input type="checkbox"/> Underground	<input type="checkbox"/> In the Well	<input type="checkbox"/> Other		
<b>Additional:</b>					
<b>Parameters of Valve</b>					
Quantity pcs.					
Size/Diameter, mm /inch DN					
Working Pressure Bar PN					
Body Material	<input type="checkbox"/> Cast Iron	<input type="checkbox"/> Ductile Iron	<input type="checkbox"/> Carbon Steel	<input type="checkbox"/> Carbon St. Low T°	
	<input checked="" type="checkbox"/> Stainless Steel: <input type="checkbox"/> AISI304 <input type="checkbox"/> AISI316 <input type="checkbox"/> Other				
	<input type="checkbox"/> Plastic	<input type="checkbox"/> Lined			
Trim Material	Other				
	<input checked="" type="checkbox"/> Brass	<input type="checkbox"/> Cast Iron	<input type="checkbox"/> Carbon Steel	<input checked="" type="checkbox"/> Carbon St. Low T°	
	<input type="checkbox"/> Stainless Steel <input type="checkbox"/> AISI304 <input type="checkbox"/> AISI316 <input type="checkbox"/> Other				
	<input type="checkbox"/> Plastic	<input type="checkbox"/> Lined			
Connections	<input type="checkbox"/> Flanged	<input type="checkbox"/> Wafer	<input type="checkbox"/> Welded	<input type="checkbox"/> Threaded	Other
Flanges Standard	<input type="checkbox"/> DIN			<input type="checkbox"/> ANSI	
Leakage Class	<input type="checkbox"/>			<input type="checkbox"/> ANSI, class	
Stem	<input type="checkbox"/> Standard	<input type="checkbox"/> Extention	<input type="checkbox"/> Stationary	<input checked="" type="checkbox"/> Telescop	<input type="checkbox"/> Hinged connection
				Height of extention	MM
<b>Additional:</b>					
<b>Valve Operating</b>					
<input type="checkbox"/> Manual	<input type="checkbox"/> Handle	<input type="checkbox"/> Wheel	<input type="checkbox"/> Other		
	<input type="checkbox"/> Geerbox	<input type="checkbox"/> Lever	<input type="checkbox"/> Limit switch box		
<input type="checkbox"/> Electric	<input type="checkbox"/> AC <input type="checkbox"/> DC	<input type="checkbox"/> 24 V <input type="checkbox"/> 1*220 V	<input checked="" type="checkbox"/> 3*380 V	<input type="checkbox"/> Other	<input type="checkbox"/> Manual override
	<input type="checkbox"/> Positioner <input type="checkbox"/> 4...20mA <input type="checkbox"/> 0...10V) <input type="checkbox"/> Feedback 4...20mA				
	<input type="checkbox"/> Limit Switches <input type="checkbox"/> Torque switches <input type="checkbox"/> Remote Control				
	<input type="checkbox"/> Spring Return or <input type="checkbox"/> Battery <input type="checkbox"/> NO <input type="checkbox"/> NC				
	<input type="checkbox"/> Modbus <input type="checkbox"/> Profibus <input type="checkbox"/> ATEX Class				
<input type="checkbox"/> Pneumatic	<input type="checkbox"/> Double Acting	<input type="checkbox"/> Spring Return	<input type="checkbox"/> NO <input type="checkbox"/> NC	Air Pressure	Bar
	<input type="checkbox"/> Positioner	<input type="checkbox"/> Electr./Pneumatic	<input type="checkbox"/> Pneumo/Pneumo	<input type="checkbox"/> Manual Override	
	<input type="checkbox"/> Limit Switches	<input type="checkbox"/> Mechanic	<input type="checkbox"/> Induction	<input type="checkbox"/> Filter Regulator	
	<input type="checkbox"/> Solenoid				
<b>Complete with counter flanges, gaskets and fasteners</b>					<input type="checkbox"/> Yes <input type="checkbox"/> No
Position of the pipeline	<input type="checkbox"/> Vertical				<input type="checkbox"/> Horizontal
Piping Material					
Piping Dimensions	Diameter Outside mm _____		Diameter inside mm _____		

