



Check Valve Specification Sheet

Date	For Quotation:	P.O. Box 1957
Company Name	Please complete and return to Total Valve Systems	Broken Arrow, OK 74013
Contact Name	Attention Gayle Peltier	Ph.#: (918) 258-7035
Phone	gpeltier@totalvalve.com	Fax #: (918) 251-6426
Email	sales@totalvalve.com	www.totalvalve.com

GENERAL	1	Location	
	2	Equipment Number	
	3	Quantity Needed	
	4	Area Classification	

VALVE	5	Model	
	6	Size of Valve	
	7	End Connections (threaded, double flange, wafer)	
	8	Class of Service	
	9	Manufacturer	

SERVICE CONDITIONS	10	Media:	
		Liquid _____ Gas _____ Vapor _____	
	11	Specific Gravity of Media	
	12	Desired Closing Flow Rate (GPM/SCFM)	
	13	Normal Operating Flow Rate (GPM/SCFM)	
	14	Minimum Rate Flow (GPM/SCFM)	
	15	Direction of Media Flow	
	16	Inlet Pressure (PSIG)	
	18	Outlet Pressure (PSIG)	
	19	Inlet Temperature (F°)	
	20	Operating Temperature (F°)	
	21	Direction of Valve Vertical _____ Horizontal _____	
	22	Capacity of Valve	
	23	Percentage of Overpressure	
	24	Relief/Vacuum Valve-Cracking Set Pressure	
25	Back Pressure Valve-Close Set at 1st Back		

LINE	26	Pipe Line Size	
	27	Pipe Schedule	

Materials	28	Materials	
		Body:	
		Trim:	
		Seat: Soft _____ Metal _____	
		Spring	
	29	Application of Valve	

Special Requirements / Notes:

PLEASE PROVIDE DATA/SPEC SHEETS PER EACH VALVE