

Request for Seal Evaluation

ADVANCED SEALING INT'L

Date: _____ Customer: _____
Seal Model No.: _____ Seal Size: _____
Seal Metallurgy: _____ O-ring Material: _____
Seal Face Combination: _____
Installation Date: _____ Date Removed from Service: _____
Type of Service: _____ Intermittent? Y or N _____ Continuous? Y or N _____
Notes: _____

Equipment Information

Pump Manufacturer: _____ Pump Type: _____ Model No.: _____
Shaft Dia.: _____ Sleeve? Y or N _____ Sleeve Dia.: _____
Metallurgy of Pump Wetted Parts: _____
Recirculation Line Installed? Y or N _____ Suction to Stuffing Box? Y or N _____
Discharge to Stuffing Box? Y or N _____
Pump Pressures: Stuffing Box: _____ Suction: _____ Discharge: _____
Type: _____ Horiz. _____ Vert. _____ Pump _____ Mixer _____

Single Seal Use Only

Independent Liquid Flush? Y or N _____ Name of Flush Fluid: _____
Flush Pressure: _____ Jacketed Stuffing Box in Use? Y or N _____
Restriction Bushing? Y or N _____ If other Environmental Controls, Describe: _____

Double/Tandem Use Only

Mode of Installation: Double Y or N _____, Tandem Y or N _____, Outboard Spare Y or N _____,
Name of Barrier Fluid: _____ Temperature of Barrier Fluid: _____
Barrier Fluid Pressure: _____ Barrier Fluid Circulation: Forced (Pump) Y or N: _____
Convection (Heat) Y or N _____ Barrier Fluid Comments: _____

Product Information

Product Common Name: _____ Specific Chemical Description: _____

Suspended Solids Present? Y or N _____ Percentage of Solids (Volume): _____
Product Characteristics: Ph _____, Abrasive Y or N _____, Solidifies Y or N _____,
Other Product Characteristics: _____
Product Temperature (Stuffing Box): _____

Completed by: _____ Title: _____