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|          |  |                |  |
|----------|--|----------------|--|
| CUSTOMER |  | DATE           |  |
| PHONE #  |  | EMAIL          |  |
| COMPANY  |  | PLANT LOCATION |  |
| PROJECT  |  |                |  |

|      |                                           |                                           |
|------|-------------------------------------------|-------------------------------------------|
| Type | <input type="checkbox"/> Resilient Seated | <input type="checkbox"/> High Performance |
|------|-------------------------------------------|-------------------------------------------|

## IF RESILIENT SEATED

|               |                                                    |                                                     |                                             |                                              |
|---------------|----------------------------------------------------|-----------------------------------------------------|---------------------------------------------|----------------------------------------------|
| Body Material | <input type="checkbox"/> Ductile Iron              |                                                     | <input type="checkbox"/> Stainless Steel    |                                              |
| Seat Material | <input type="checkbox"/> Buna                      | <input type="checkbox"/> EPDM                       | <input type="checkbox"/> Viton              | <input type="checkbox"/> Silicon             |
|               | <input type="checkbox"/> PTFE (Teflon)             | <input type="checkbox"/> Food Grade White Buna      | <input type="checkbox"/> Teflon Coated EPDM | <input type="checkbox"/> Other               |
| Disc Material | <input type="checkbox"/> Nylon Coated Ductile Iron | <input type="checkbox"/> Nickel Plated Ductile Iron |                                             | <input type="checkbox"/> Aluminum Bronze     |
|               | <input type="checkbox"/> CF8M (SS)                 | <input type="checkbox"/> Polished 316SS             |                                             | <input type="checkbox"/> Teflon Coated 316SS |

## IF HIGH PERFORMANCE

|      |                                        |                                        |
|------|----------------------------------------|----------------------------------------|
| Type | <input type="checkbox"/> Double Offset | <input type="checkbox"/> Triple Offset |
|------|----------------------------------------|----------------------------------------|

## IF DOUBLE OFFSET

|               |                                       |                              |               |                                     |                                |
|---------------|---------------------------------------|------------------------------|---------------|-------------------------------------|--------------------------------|
| Body Material | <input type="checkbox"/> Carbon Steel | <input type="checkbox"/> SS  | Disc Material | <input type="checkbox"/> 316SS (SD) | <input type="checkbox"/> Other |
| Stem Material | <input type="checkbox"/> 17-4         | <input type="checkbox"/> 316 | Size          | <input type="checkbox"/> Up to 24"* | <input type="checkbox"/> Other |

\*Resilient Seat Stock up to 24". Up to 120" Available from Factory.

|               |                              |                                |                                         |                                                   |                               |                                |
|---------------|------------------------------|--------------------------------|-----------------------------------------|---------------------------------------------------|-------------------------------|--------------------------------|
| Seat Material | <input type="checkbox"/> TFM | <input type="checkbox"/> RPTFE | <input type="checkbox"/> 50/50 PTFE/315 | <input type="checkbox"/> 25% Carbon Filled Teflon | <input type="checkbox"/> PEEK | <input type="checkbox"/> 316SS |
|---------------|------------------------------|--------------------------------|-----------------------------------------|---------------------------------------------------|-------------------------------|--------------------------------|

## IF TRIPLE OFFSET

|      |                              |                                |                                     |
|------|------------------------------|--------------------------------|-------------------------------------|
| Type | <input type="checkbox"/> Lug | <input type="checkbox"/> Wafer | <input type="checkbox"/> Gate Sized |
|------|------------------------------|--------------------------------|-------------------------------------|



|                |                                 |                                   |
|----------------|---------------------------------|-----------------------------------|
| Operation Type | <input type="checkbox"/> Manual | <input type="checkbox"/> Actuated |
|----------------|---------------------------------|-----------------------------------|

**IF MANUAL**

|      |                                       |                                                                                    |
|------|---------------------------------------|------------------------------------------------------------------------------------|
| Type | <input type="checkbox"/> Lever Handle | <input type="checkbox"/> Gear Operated (Lever Handle under 6", 6" + Gear Operated) |
|------|---------------------------------------|------------------------------------------------------------------------------------|

**IF ACTUATED**

|      |                                   |                                     |                      |                                        |                                        |
|------|-----------------------------------|-------------------------------------|----------------------|----------------------------------------|----------------------------------------|
| Type | <input type="checkbox"/> Electric | <input type="checkbox"/> Pneumatic* | <b>*If Pneumatic</b> | <input type="checkbox"/> Spring Return | <input type="checkbox"/> Double Acting |
|------|-----------------------------------|-------------------------------------|----------------------|----------------------------------------|----------------------------------------|

**IF ACTUATED ELECTRICALLY**

|      |                                 |                                     |
|------|---------------------------------|-------------------------------------|
| Type | <input type="checkbox"/> On/Off | <input type="checkbox"/> Modulating |
|------|---------------------------------|-------------------------------------|

|                |                               |                             |                         |                              |                               |                               |
|----------------|-------------------------------|-----------------------------|-------------------------|------------------------------|-------------------------------|-------------------------------|
| Solenoid Valve | <input type="checkbox"/> Yes* | <input type="checkbox"/> No | <b>*If Yes, Voltage</b> | <input type="checkbox"/> 24V | <input type="checkbox"/> 120V | <input type="checkbox"/> 240V |
|----------------|-------------------------------|-----------------------------|-------------------------|------------------------------|-------------------------------|-------------------------------|

|              |                              |                             |                   |                              |                             |                  |  |
|--------------|------------------------------|-----------------------------|-------------------|------------------------------|-----------------------------|------------------|--|
| Limit Switch | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <b>Mechanical</b> | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <b>Proximity</b> |  |
|--------------|------------------------------|-----------------------------|-------------------|------------------------------|-----------------------------|------------------|--|

|                                           |                                                                                            |
|-------------------------------------------|--------------------------------------------------------------------------------------------|
| Enclosure Rating on Solenoid/Limit Switch |                                                                                            |
| NEMA                                      | <input type="checkbox"/> NEMA 4/4X (Outdoor and Washdown Approved)                         |
|                                           | <input type="checkbox"/> NEMA 7 (Intrinsically Safe - Anti-Sparking)                       |
|                                           | <input type="checkbox"/> NEMA 9 (Explosion Proof - Prevents Flames from Exiting Enclosure) |

|            |                                    |                                           |                             |                                   |                                  |
|------------|------------------------------------|-------------------------------------------|-----------------------------|-----------------------------------|----------------------------------|
| Positioner | <input type="checkbox"/> Pneumatic | <input type="checkbox"/> Electropneumatic | <b>Air Filter Regulator</b> | <input type="checkbox"/> Required | <input type="checkbox"/> Desired |
|------------|------------------------------------|-------------------------------------------|-----------------------------|-----------------------------------|----------------------------------|

**IF ON/OFF**

|           |                                 |                                  |                                    |                               |                              |                             |
|-----------|---------------------------------|----------------------------------|------------------------------------|-------------------------------|------------------------------|-----------------------------|
| Type      | <input type="checkbox"/> 24V    | <input type="checkbox"/> 120V    | <input type="checkbox"/> 240V      | <b>Heater</b>                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Fail Safe | <input type="checkbox"/> Spring | <input type="checkbox"/> Battery | <input type="checkbox"/> Capacitor | <b>End of Travel Switches</b> |                              |                             |

**IF MODULATING**

|                   |                                  |                                   |                                    |                                  |                                     |                             |
|-------------------|----------------------------------|-----------------------------------|------------------------------------|----------------------------------|-------------------------------------|-----------------------------|
| Type              | <input type="checkbox"/> 4-20 mA | <input type="checkbox"/> 0-10 VDC | <input type="checkbox"/> Other     | <b>Heater</b>                    | <input type="checkbox"/> Yes        | <input type="checkbox"/> No |
| Feedback Required | <input type="checkbox"/> Yes*    | <input type="checkbox"/> No       | <b>*If Yes, Signal</b>             | <input type="checkbox"/> 4-20 mA | <input type="checkbox"/> 0 - 10 VDC |                             |
| Fail Safe         | <input type="checkbox"/> Battery | <input type="checkbox"/> Spring   | <input type="checkbox"/> Capacitor |                                  |                                     |                             |

• **Notes:**