



Client _____	Contact _____	Datasheet _____ of _____
Project _____	Unit _____	Spec _____
Item Number _____		Tag _____
Primary Purpose _____		Dwg _____
Secondary Purpose _____		

1	Fluid				
	SERVICE CONDITIONS	Units	Max	Norm	Min
2	Flow Rate				
3	Inlet Pressure				
4	Pressure at Shut-off				
5	Inlet Temperature				
6	Spec Wt/Spec Grav/Mol Wt				
7	Viscosity/Spec Heats Ratio				
8	Vapour Pressure Pv				
9	Slurry % Solids				
10	Solids Size				
11	pH Range				
12	Scale Potential	High / Low / Zero			
13	Possible Alien Objects				

14	LINE	
15	Pipe Line Size & Schedule	In _____ Out _____
16	Pipe Material	_____
17	Valve Orientation	_____

18	VALVE BODY/BONNET	
19	*Type	_____
20	*Size	_____ Class/Rating _____
21	*Max Pres/Temp	_____
22	*Mfr & Model	_____
23	*Body/Bonnet Matl	_____
24	End Connection	In _____ Out _____
25	Flg Face Finish	_____
26	Isolation Direction	1 Way <input type="checkbox"/> 2 Way <input type="checkbox"/>
27	Type of Bonnet	_____
28	*Packing Material	_____
29	*Packing Type	_____
30	Emissions Allowable	_____

31	TRIM	
32	*Type	_____
33	*Size	_____ Rated Travel _____
34	*Characteristic	_____
35	*Rated Cv	_____
36	*Plug/Ball/Disk/Gate Material	_____
37	*Seat Material	_____
37	*Stem Material	_____

38	ISOLATION PERFORMANCE REQUIREMENT			
39	Zero Leakage	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Bi-Direction <input type="checkbox"/>
40	Allowable Leakage:	Class V <input type="checkbox"/>	VI <input type="checkbox"/>	
41	Isolation Direction:	1 Way <input type="checkbox"/>	2 Way <input type="checkbox"/>	
42	Equal Δ P:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
43	Δ P When Isolating:	_____		
44	Duration of Isolation Quality	Cycles	Time	
45	Normal Operating Position:	Open <input type="checkbox"/>	Closed <input type="checkbox"/>	
46	Cycles per	Units	Max	Min
47	Normal Time Between Cycles			
48	Required Cycle Time			

48	ACTUATOR	
49	Type	_____
50	Mfr & Model	_____
51	Gas Supply PSIG	Air <input type="checkbox"/> N2 <input type="checkbox"/> Fuel Gas <input type="checkbox"/> OR
52	Hydraulic Supply PSIG	_____ OR
53	Voltage	_____ Area Classification _____
54	Loss of Signal Position:	Last <input type="checkbox"/> Open <input type="checkbox"/> Close <input type="checkbox"/>
55	Loss of Power Position:	Last <input type="checkbox"/> Open <input type="checkbox"/> Close <input type="checkbox"/>
56	*Pneumatic Allow Pressure:	Max _____ Min _____
57	Max System Pressure For Actuator Sizing:	_____
58	Ambient Temp Rating	_____
59	Actuator Orientation	_____
60	Override	Yes <input type="checkbox"/> No <input type="checkbox"/>
60	Coatings	Yes <input type="checkbox"/> No <input type="checkbox"/> Fire Proofing Yes <input type="checkbox"/> No <input type="checkbox"/>

61	PILOT SOLENOID	
62	Type	_____
63	*Mfr & Model	_____
64	Area Classification/Cv	_____ / _____
65	Voltage	_____ Detented Yes <input type="checkbox"/> No <input type="checkbox"/>
65	Speed Controls	No <input type="checkbox"/> One <input type="checkbox"/> Two <input type="checkbox"/>

66	SWITCHES	
67	Type	_____ Quantity _____
68	*Mfr & Model	_____
69	Contacts/Rating	_____ / _____
70	Area Classification	_____
70	Fieldbus	_____

71	AIR SET	
72	*Mfr & Model	_____
73	*Set Pressure	_____
74	Filter	_____ Gauge _____
74	Tubing/Fittings	_____ / _____

75	TESTS	
76	*Hydro Pressure	_____ Class/Rating _____
77	API 598 Resilient Zero Leakage	Yes <input type="checkbox"/> No <input type="checkbox"/>
77	ASME / FCI / ISO Leakage Class	_____

78	SPECIALS	
79	Pipe Cleaning Method/Frequency	_____
80	Pipe Line Insulation	_____
80	Previous Valve Model / Type	_____ / _____

Fields in Bold are minimum information required. Please complete document and return to ross@cqis.ca OR davef@cqis.ca.
*Information supplied by manufacturer unless already specified.