

Elite Valve Canada
 775 Roper Street
 Sarnia ON N7S 5G7
 Tel: 519-332-8809
 Fax: 519-337-7933

Knife Gate Preparation Form



Please fill out this form COMPLETE. A quote will not be issued without receipt of this form.

Company: _____ Date: _____

Prepared By : _____

Valve Size: _____ Quantity Required: _____

Please circle requirement for each item:

Construction

Body Material:	316	304	317	WCB	Other:	_____
Packing Material:		Teflon	Graphoil			
Gate Material:	316	304	317	RC	Other:	_____
Seat Material:	Metal	Viton	EPDM	Teflon	RC	Other: _____

Operator

Operator:	Handwheel					
Air Cylinder:		Air Supply:	_____	PSIG		
Other	_____	Double Acting:	_____			
		Spring:	_____			
		Fail Position (spring):	_____			
Gear Operator:		Chain Wheel	_____	Chain	_____	ft.
Actuator Type:	Electric Actuator	Wattage:	_____	AC	_____	DC
Limit Switch:	Style:	_____		Positioner:	_____	
				Solenoid:	_____	Vtg: _____
				Other:	_____	

Application/Service

Process Fluid:	_____					
Process Temp:	_____	MIN	_____	MAX		
Ambient Temp:	_____	MIN	_____	MAX		
Valve Location:	_____	Vertical	_____	Horizontal		
Back Pressure:	_____					