

COMPANY:		PHONE:	
CONTACT:		FAX:	
ADDRESS:		E-MAIL:	
		DATE:	

CURRENT SEAL INFORMATION

Seal Manufacturer:		Purity:	
Seal Part Number:		Approximate Cost:	
Seal Type:		Approximate Monthly Usage:	
Seal Element Material:		Approximate Annual Usage:	
Seal Case Material:			

APPLICATION INFORMATION

<p>General</p> <p>Equipment Type: _____</p> <p>Bearing Type: _____</p> <p>Shaft Attitude: _____</p> <p>Desired Function of Seal: _____</p>			
<p>Size/Finish</p> <p>(A) Shaft Diameter: <input type="checkbox"/> in <input type="checkbox"/> mm</p> <p>Shaft Surface Finish: <input type="checkbox"/> μin <input type="checkbox"/> μm</p> <p>Shaft Surface Hardness: _____ Rockwell-C</p> <p>(B) Bore Diameter: <input type="checkbox"/> in <input type="checkbox"/> mm</p> <p>Bore Surface Finish: <input type="checkbox"/> μin <input type="checkbox"/> μm</p> <p>Bore Surface Hardness: _____ Rockwell-C</p> <p>(C) Bore Depth: <input type="checkbox"/> in <input type="checkbox"/> mm</p> <p>(D) Shaft Chamfer: <input type="checkbox"/> in <input type="checkbox"/> mm</p> <p>(E) Bore Chamfer: <input type="checkbox"/> in <input type="checkbox"/> mm</p> <p>(F) Distance to Obstruction: <input type="checkbox"/> in <input type="checkbox"/> mm</p>			
<p>Motion</p> <p>Shaft Motion: _____</p> <p>Housing Motion: _____</p> <p>Shaft Speed (rotation): <input type="checkbox"/> RPM <input type="checkbox"/> fpm <input type="checkbox"/> mps</p> <p>Housing Speed (rotation): <input type="checkbox"/> RPM <input type="checkbox"/> fpm <input type="checkbox"/> mps</p>		<p>Stroke (reciprocating): _____ <input type="checkbox"/> in <input type="checkbox"/> mm</p> <p>Speed (reciprocating): _____ <input type="checkbox"/> cps <input type="checkbox"/> cpm</p> <p>Degrees of Arc: _____</p> <p>Speed (oscillation): _____ <input type="checkbox"/> cps <input type="checkbox"/> cpm</p>	
<p>Alignment/Movement</p> <p>Radial Misalignment (S TBM): <input type="checkbox"/> in <input type="checkbox"/> mm</p> <p>Radial Movement: <input type="checkbox"/> in <input type="checkbox"/> mm</p> <p>Axial Movement: <input type="checkbox"/> in <input type="checkbox"/> mm</p>		<p>Pressure</p> <p>Location: _____</p> <p>Pressure Value: _____ <input type="checkbox"/> psi <input type="checkbox"/> bar <input type="checkbox"/> kp</p>	
<p>Media</p> <p>Internal Media Type: _____</p> <p>Internal Media Mfr & Desc: _____</p> <p>Internal Media Level: _____</p>		<p>External Media Type: _____</p> <p>External Media Mfr & Desc: _____</p> <p>External Media Level: _____</p>	
<p>Temperature</p> <p>Nominal: <input type="checkbox"/> F <input type="checkbox"/> C</p> <p>Minimum: <input type="checkbox"/> F <input type="checkbox"/> C</p> <p>Exposure Time at Minimum: <input type="checkbox"/> sec <input type="checkbox"/> min</p> <p>Maximum: <input type="checkbox"/> hrs <input type="checkbox"/> days</p>		<p>Maximum: _____ <input type="checkbox"/> F <input type="checkbox"/> C</p> <p>Exposure Time at Maximum: <input type="checkbox"/> sec <input type="checkbox"/> min</p> <p>Maximum: <input type="checkbox"/> hrs <input type="checkbox"/> days</p>	
<p>Notes: _____</p>			