



## PROTOCOL OF USING

date:

page: \_\_\_\_ of \_\_\_\_

company:

street:

post code / City:

contact:

phone:

fax:

dept.:

e-mail:

copy to:

order No.:

delivery date:

planned period of use:

**description of the valve**

kind of valve		connection	
valve type		material	
size (DN)		movement by	
pressure (PN)		accessories	
face to face dimension		miscellaneous	

**condition of operating**

<b>medium:</b>		<b>operating mode:</b>	
medium		<input type="checkbox"/> continuous	<input type="checkbox"/> alternating <input type="checkbox"/> split
state of aggregation		<b>frequency of use :</b>	
concentration		<input type="checkbox"/> daily	<input type="checkbox"/> weekly
working temp. [°C]		<input type="checkbox"/> monthly	<input type="checkbox"/> yearly
working pressure [bar]		<b>valve is usually:</b>	
pressure difference [bar]		<input type="checkbox"/> opened	<input type="checkbox"/> closed <input type="checkbox"/> throttled
rate of flow		<b>direction of flow:</b>	
<b>alignment of valve:</b>		<input type="checkbox"/> body side	<input type="checkbox"/> cap side
<input type="checkbox"/> horizontal	<input type="checkbox"/> vertical	<input type="checkbox"/> tilted.....°	<b>environmental effects:</b>
<b>position in piping network:</b>			
<b>remark / misc.:</b>		<b>recent exchange of spare parts:</b>	

date of installing:

date of dismantling:

evaluation:

☐ valve is dedicated☐ valve is not dedicated

Date:

name:

sign.: