



Today's Date		Company Name		Individual Name & Position	
Street Address					Phone number
City	County	Email Address		Post Code	

Application Information and Conditions

Device sealed _____

Number of units/year _____ Number of seals/unit _____

Type of motion: Rotary Oscillating Reciprocating Static Dither

Media/Fluid _____

Amount in seal area: Full head Half shaft Splash Not applicable

Operating pressure (units) _____ Proof pressure (units) _____ Burst pressure (units) _____

Temperature (units): High _____ Low _____ Operating _____

RPM _____

Direction of shaft rotation (as viewed from air side or low pressure side of seal): Clockwise Counter Clockwise Not Applicable

Allowable leakage (define units) _____

Friction (units): Breakaway _____ Running _____

Life requirement _____

Duty cycle _____

Type of seal evaluation: Bench Field Both Explain

Hardware Data

Can gland hardware be changed? Yes No

Bore DIA (include TOL.) _____ Shaft DIA (include TOL.) _____

Bore depth _____ X-section _____

Bore/shaft misalignment (T.I.R.) _____ Shaft runout (T.I.R.) _____

Material: Bore _____ Shaft _____

Finish: Bore _____ Shaft _____

Hardness: Bore _____ Shaft _____

Directions which rod/shaft enters element: Air side or low pressure side Media side Not applicable

Will sealing element be required to make contact with keyway, spline etc. Yes No

If "Yes" explain:

Is installation tooling required? Yes No

Comments: