

Gasket Application Data Form

Date _____
For: Garlock Gasketing Engineering
Fax 315-597-3290
Page: 1 of _____
Drawing attached Yes No

From _____
Title _____
Company _____
Address _____
City / State / Zip _____
Phone _____
Fax _____
E-mail _____

Application

- | | |
|---|--|
| <input type="checkbox"/> Pipe Flange | <input type="checkbox"/> Pumps – centrifugal / horizontal split case |
| <input type="checkbox"/> Heat Exchanger | <input type="checkbox"/> Flue Duct |
| <input type="checkbox"/> Manway | <input type="checkbox"/> Valve Bonnet |
| <input type="checkbox"/> Compressor | <input type="checkbox"/> Other _____ |

Service Conditions

Maximum Temperature _____ °F/°C Continuous Operating Temperature _____ °F/°C
Internal Pressure _____ psig / bar PSIG / bar Continuous Intermittent
Thermal Cycling _____ / 24 hours Vibration Yes No
Other (specify) _____

Bolts

Grade _____ Diameter _____
Length _____ Number _____

Chemical Compatibility

Media _____ pH _____
Concentration _____ Liquid or Gas _____

Flange

Standard

Material _____
Size _____ Rating _____
Surface Finish _____ RMS
 Phonographic Concentric
Face (raised, flat, tongue & groove, etc.) _____

Non-Standard

Material _____
I.D. / O.D. _____
Flange Thickness _____
Bolt Circle Diameter _____
Surface Finish _____ RMS
 Phonographic Concentric
Face (raised, flat, tongue & groove, etc.) _____

Comments: _____

Questions? Call



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