|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **CUSTOMER INFORMATION**
 | ***Company Name:***

|  |
| --- |
|  |

 | **Address:**

|  |
| --- |
|  |

 | ***Contact Name:***

|  |
| --- |
|  |

 | ***Email:***

|  |
| --- |
|  |

 | ***Telephone:***

|  |
| --- |
|  |

 |
| **2. APPLICATION INFORMATION** | ***Application (Agro., Ind., etc.):***

|  |
| --- |
|  |

 | ***Type of equipment (man lift, crane etc.):***

|  |
| --- |
|  |

 | ***Special Application Information:***

|  |
| --- |
|  |

 |
| **3. TYPE OF SEAL** | **N.B. All dimensions should be in inches. If otherwise, please specify on the sheet.** |
| [ ]  **Piston Seal*****Style***

|  |
| --- |
|  |

 | ***Bore ID:***

|  |
| --- |
|  |

 | ***Bore Material***

|  |
| --- |
|  |

 ***Ra (µ ins)***

|  |
| --- |
|  |

 | ***Groove Ø:***

|  |
| --- |
|  |

 | ***Piston Material***

|  |
| --- |
|  |

***Ra (µ ins)***

|  |
| --- |
|  |

 | ***Groove A/L***

|  |
| --- |
|  |

 | ***Piston OD:***

|  |
| --- |
|  |

 |
| [ ]  **Rod Seal*****Style***

|  |
| --- |
|  |

 | ***Rod OD:***

|  |
| --- |
|  |

 | ***Rod Material***

|  |
| --- |
|  |

 ***R­a (µ ins)***

|  |
| --- |
|  |

***Rod Coating***

|  |
| --- |
|  |

 | ***Groove Ø:***

|  |
| --- |
|  |

 | ***Gland Material***

|  |
| --- |
|  |

***Ra (µ ins)***

|  |
| --- |
|  |

 | ***Groove A/L***

|  |
| --- |
|  |

 | ***Throat Ø***

|  |
| --- |
|  |

 |
| [ ]  **Wiper*****Style***

|  |
| --- |
|  |

 |
| [ ]  **Buffer Seal*****Style***

|  |
| --- |
|  |

 |
| [ ]  **Other\*** | **\*If “Other” please provide details**

|  |
| --- |
|  |

 |
| 1. **MOTION**
 | 1. **OPERATING CONDITIONS**
 | 1. **APPROVAL REQUIREMENTS**
 |
| [ ] **Static** | [ ] **Oscillatory** | **Fluid** | **Temperature** | **Pressure** | **PPAP** |
| [ ]  **Dithering****Freq. (Hzs)**

|  |
| --- |
|  |

 | **Cycles CW**

|  |
| --- |
|  |

 | **Fluid being sealed:**

|  |
| --- |
|  |

 | **Units** [ ]  **o F**[ ]  **o C** | **Units**[ ]  **psi**[ ]  **MPa** | **Is a PPAP required?**[ ]  **Yes**[ ]  **No** |
| [ ]  **Rotary** | **Cycles CCW**

|  |
| --- |
|  |

 | **Fluid Level relative to shaft:**

|  |
| --- |
|  |

 | **Max. T**

|  |
| --- |
|  |

**Operating T**

|  |
| --- |
|  |

**Min. T**

|  |
| --- |
|  |

**Time @ TMax**

|  |
| --- |
|  |

 | **Max. P**

|  |
| --- |
|  |

**Operating P**

|  |
| --- |
|  |

**Min. P**

|  |
| --- |
|  |

**Time @ PMax**

|  |
| --- |
|  |

 | **If “Yes!” what level?**

|  |
| --- |
|  |

 |
| **Speed (RPM)**

|  |
| --- |
|  |

**Duty Cycle**

|  |
| --- |
|  |

 | **Speed (RPM)**

|  |
| --- |
|  |

**Duty Cycle**

|  |
| --- |
|  |

 | **Lube Method:**[ ]  **Dry**[ ]  **Splash**[ ]  **Submerged** | **List special PPAP requirements.** |
| [ ]  **Reciprocating**  |

|  |
| --- |
|  |

 |
| **Stroke Length (ins):**

|  |
| --- |
|  |

 |
| **Stroke speed (ins/sec):**

|  |
| --- |
|  |

**Duty Cycle**

|  |
| --- |
|  |

 |
| 1. **VALIDATION TESTING**
 |
| Is testing required for validation?[ ]  **Yes**[ ]  **No** | Who is responsible for testing the product?[ ]  **HPS**[ ]  **Customer** | If “HPS” is responsible, provide a brief description of the required test/s.

|  |
| --- |
|  |

 |
| 1. ***OTHER CUSTOMER SPECIFIED REQUIREMENTS (Please List all other Requirements in the space provided below).***
 |
|

|  |
| --- |
|  |

 |
| **Form completed by**

|  |
| --- |
|  |

 | **Date Completed**

|  |
| --- |
|  |

 | **Comments:**

|  |
| --- |
|  |

 |