

Mechanical Seal Enquiry Form

Please complete as much information as possible.

Customer Information

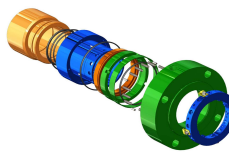
Customer Name	
Address	
Industry	
Equipment Location	
Equipment Service	
Contact Person	
Phone no.	
Email	

Enquiry Type

Please indicate the type of enquiry below (please tick)

<input type="checkbox"/> Seal for a new pump/equipment	<input type="checkbox"/> Seal retrofit or upgrade from existing seal
<input type="checkbox"/> Gland packing to seal conversion	<input type="checkbox"/> Seal repair or refurbishment request
<input type="checkbox"/> Other - please provide details:	<input type="text"/>

Please indicate relevant details relating to the enquiry e.g. current seal failure or issues related, cost related, lead time related etc.



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Equipment Details

Please include units where relevant.

Type of Equipment e.g. Pump, Mixer, Compressor etc.:

Manufacturer		Seal Orientation (top, side etc)	
Model no.		Pump Design Std. (ISO, DIN etc.)	
Size (Discharge/Suction)		API Auxiliary Plan No. (if applicable)	
Serial no.		Shaft Radial Movement (max) Shaft	
Tag no.		Axial Movement (max)	
Static Pressure Rating		Shaft Material	
Suction Pressure		Has Equip. Been Modified (Y/N)	Yes / No
Discharge Pressure		If yes, please add details	
Shaft Speed			

Fluid Details

Please include units where relevant.

Fluid Name		Hazardous <small>(Please circle)</small>	Toxic	Flammable	Explosive	N/A
Fluid Temperature		Polymerising	Yes	No		
pH at OT		Dissolved Contaminant	Yes	No		
Chemical Composition / Concentration		Abrasive Content	Yes	No		
Viscosity at OT		Max. Particle Size & %				
Specific Gravity at OT		Flush Available	Yes	No		
Vapour Pressure at OT		Current Flush Fluid				
Seal Chamber Pressure		Dry Running Possible	Yes	No		

OT = Operating Temperature

Customer Requests & Supplementary Information

Please provide any additional information regarding requested seal type, materials, flushing systems, or other specific requirements relating to the enquiry.