



Red Valve Company, Inc.

CONTROL VALVE DATA SHEET

FAX YOUR INQUIRY TO: 412.279.7878

700 N. BELL AVE.
 CARNEGIE, PA 15106
 412.279.0044
 FAX: 412.279.7878

CUSTOMER P.O. #: _____ SALES ORDER #: _____ QUOTATION #: _____

CUSTOMER: CONTACT: PHONE: FAX: _____ EMAIL: _____ PROJECT REFERENCE: DELIVERY REQUIRED: DRAWING APPROVAL:				ACTUATOR FUNCTION <input type="checkbox"/> THROTTLING <input type="checkbox"/> ON/OFF TYPE <input type="checkbox"/> PNEUMATIC <input type="checkbox"/> ELECTRIC <input type="checkbox"/> HYDRAULIC Plant Air Supply _____ psi min. <input type="checkbox"/> DIAPHRAGM Voltage/Frequency _____ V _____ Hz _____ Phase /Phases Hydraulic Pressure _____ psi min.																																																		
MODEL <input type="checkbox"/> 5200 <input type="checkbox"/> 5200 RSR <input type="checkbox"/> 5300 <input type="checkbox"/> 5400 <input type="checkbox"/> 5700 <input type="checkbox"/> 5800 <input type="checkbox"/> 9000				AIR TO: <input type="checkbox"/> OPEN <input type="checkbox"/> CLOSE <input type="checkbox"/> DOUBLE ACTING AIR FAILS VALVE TO: <input type="checkbox"/> CLOSE <input type="checkbox"/> OPEN (No Spring) <input type="checkbox"/> OPEN (Spring) ATO / ATC <input type="checkbox"/> R-4 <input type="checkbox"/> R-6 <input type="checkbox"/> R-8 DOUBLE ACTING <input type="checkbox"/> R-10 <input type="checkbox"/> R-12 <input type="checkbox"/> R-14 <input type="checkbox"/> R-16																																																		
LINE SIZE PIPE SCH. BODY MATERIAL <input type="checkbox"/> CAST IRON <input type="checkbox"/> DUCTILE IRON <input type="checkbox"/> ANSI 125/150 B16.1 <input type="checkbox"/> WCB <input type="checkbox"/> CF8 <input type="checkbox"/> WCBCF8M <input type="checkbox"/> ANSI 250/300 B16.5 <input type="checkbox"/> ALUMINUM <input type="checkbox"/> OTHER _____ <input type="checkbox"/> OTHER _____ FLANGE CLASS DRILLING <input type="checkbox"/> ANSI 125/150 B16.1 <input type="checkbox"/> ANSI 250/300 B16.5 <input type="checkbox"/> OTHER _____				ATO / FCS <input type="checkbox"/> RS-4 <input type="checkbox"/> RS-6 <input type="checkbox"/> RS-8 FAIL CLOSE-SPRING <input type="checkbox"/> RS-10 <input type="checkbox"/> RS-12 <input type="checkbox"/> RS-14 ATC / FOS <input type="checkbox"/> RS-4 <input type="checkbox"/> RS-6 <input type="checkbox"/> RS-8 FAIL OPEN-SPRING <input type="checkbox"/> RS-10 <input type="checkbox"/> RS-12 <input type="checkbox"/> RS-14																																																		
FLOW MEDIA (Describe): SLEEVE MATERIAL <input type="checkbox"/> PURE GUM 180°F <input type="checkbox"/> NEOPRENE 230°F <input type="checkbox"/> VITON 400°F <input type="checkbox"/> BUNA-N 230°F <input type="checkbox"/> CHLOROBUTYL 250°F <input type="checkbox"/> HYPALON 230°F <input type="checkbox"/> EPDM 300°F <input type="checkbox"/> URETHANE 230°F <input type="checkbox"/> FOOD GRADE <input type="checkbox"/> OTHER _____				SURGE RELIEF RSR _____ INPUT SIGNAL <input type="checkbox"/> 3 to 15 psi <input type="checkbox"/> 4 to 20 mA ON INCREASING SIGNAL VALVE <input type="checkbox"/> OPENS <input type="checkbox"/> CLOSES POSITIONER <input type="checkbox"/> PNEUMATIC <input type="checkbox"/> ELECTROPNEUMATIC																																																		
SLEEVE STYLE & SIZE _____" X _____" <input type="checkbox"/> FULL PORT <input type="checkbox"/> DOUBLE WALL <input type="checkbox"/> REDUCED PORT <input type="checkbox"/> CONE SLEEVE <input type="checkbox"/> VARIABLE ORIFICE				ACCESSORIES <input type="checkbox"/> 3 WAY ASCO MODEL #EF83206172 <input type="checkbox"/> 4 WAY ASCO MODEL #EF8342C1 SOLENOID VALVES <input type="checkbox"/> 120V/60Hz <input type="checkbox"/> OTHER _____ REGULATORS <input type="checkbox"/> NEMA 4 <input type="checkbox"/> NEMA 7 <input type="checkbox"/> FISHER FILTER REGULATOR #67CFR <input type="checkbox"/> OTHER _____																																																		
FLOW DATA <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>MINIMUM FLOW TO BE CONTROLLED</th> <th>NORMAL FLOW TO BE CONTROLLED</th> <th>MAXIMUM FLOW TO BE CONTROLLED</th> <th>ANSI/FCI LEAKAGE CLASS</th> </tr> </thead> <tbody> <tr> <td>Q (Flow Rate In U.S. GPM)</td> <td></td> <td></td> <td></td> <td> <input type="checkbox"/> VI <input type="checkbox"/> V <input type="checkbox"/> IV <input type="checkbox"/> III <input type="checkbox"/> II <input type="checkbox"/> I </td> </tr> <tr> <td>P1 (Inlet Pressure at Controlled Flow Rate) psig</td> <td></td> <td></td> <td></td> <td rowspan="2"> SHUTOFF <input type="checkbox"/> YES <input type="checkbox"/> NO </td> </tr> <tr> <td>P2 (Outlet Pressure at Controlled Flow Rate) psig</td> <td></td> <td></td> <td></td> </tr> <tr> <td>ΔP (P1-P2) at Controlled Flow Rate</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>SPECIFIC GRAVITY</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>INLET TEMPERATURE (°F)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Cv (Flow Coeff. - Required)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>APPROACH VELOCITY (fps)</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>ΔP MAX (Calculated)</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					MINIMUM FLOW TO BE CONTROLLED	NORMAL FLOW TO BE CONTROLLED	MAXIMUM FLOW TO BE CONTROLLED	ANSI/FCI LEAKAGE CLASS	Q (Flow Rate In U.S. GPM)				<input type="checkbox"/> VI <input type="checkbox"/> V <input type="checkbox"/> IV <input type="checkbox"/> III <input type="checkbox"/> II <input type="checkbox"/> I	P1 (Inlet Pressure at Controlled Flow Rate) psig				SHUTOFF <input type="checkbox"/> YES <input type="checkbox"/> NO	P2 (Outlet Pressure at Controlled Flow Rate) psig				ΔP (P1-P2) at Controlled Flow Rate					SPECIFIC GRAVITY					INLET TEMPERATURE (°F)					Cv (Flow Coeff. - Required)					APPROACH VELOCITY (fps)					ΔP MAX (Calculated)					LIMIT SWITCHES <input type="checkbox"/> GO # 75-13528-A2 <input type="checkbox"/> GO EXPLOSION PROOF # 75-13523-A2 <input type="checkbox"/> OTHER _____ MICROSWITCH FUNCTION <input type="checkbox"/> INDICATE VALVE OPEN <input type="checkbox"/> INDICATE VALVE CLOSED ADDITIONAL ACCESSORIES <input type="checkbox"/> MANUAL OVERRIDE <input type="checkbox"/> IN LINE WITH PIPELINE <input type="checkbox"/> PERPENDICULAR TO PIPELINE <input type="checkbox"/> OTHER _____	
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SPECIAL TAGGING SPECIAL COATINGS OR ADDITIONAL NOTES PRICE \$ _____				ADDITIONAL ACCESSORIES <input type="checkbox"/> MANUAL OVERRIDE <input type="checkbox"/> IN LINE WITH PIPELINE <input type="checkbox"/> PERPENDICULAR TO PIPELINE <input type="checkbox"/> OTHER _____ SPECIAL TAGGING SPECIAL COATINGS OR ADDITIONAL NOTES PRICE \$ _____																																																		

Use 1 (one) form for each control valve. Make additional photocopies for more forms.

Fax to number at top of this page.

PREPARED BY: _____ DATE: _____