

| | |
|---|-----------------|
| PCS Personnel: | Tag #: |
| MD or Rep: | Serial #: |
| Email: | Date: |
| Customer Name: | Contact: |
| Plant Contact: | Phone #: |
| Industry: <input type="checkbox"/> Power <input type="checkbox"/> Pulp/Paper <input type="checkbox"/> Chemical <input type="checkbox"/> Municipal <input type="checkbox"/> Industrial <input type="checkbox"/> Other: | Plant Location: |
| | Title: |

| EJ Configuration: | Visual Inspection | System Requirements | Replacement Recommendation |
|--|--|---|----------------------------|
| <input type="checkbox"/> Round | <input type="checkbox"/> Bolts in Backwards | Max. Temperature: | PCS Style: |
| <input type="checkbox"/> Conc. Red. <input type="checkbox"/> Ecc. Red. | <input type="checkbox"/> Bolt Interference | Max. Pressure: | Size: |
| EJ Detail | <input type="checkbox"/> Cover Delaminated | Max. Vacuum: | Materials: |
| <input type="checkbox"/> Sleeve Type | <input type="checkbox"/> Flange OD Delaminated | Media: | Notes: |
| <input type="checkbox"/> Rubber Integral Flanges | <input type="checkbox"/> Arch Twisted | Max. Compression: | |
| <input type="checkbox"/> Metal Floating Flanges | <input type="checkbox"/> Arch Collapsed | Max. Lateral: | |
| Material | <input type="checkbox"/> Minor Surface Cracking | Max. Extension: | |
| <input type="checkbox"/> Rubber | <input type="checkbox"/> Cracking-Base of Flange | Inspector Summary | |
| <input type="checkbox"/> Teflon | <input type="checkbox"/> Cracking-Base of Arch | <input type="checkbox"/> Needs to be Replaced | |
| <input type="checkbox"/> PTFE/FEP Convuluted | <input type="checkbox"/> Fabric Exposed | <input type="checkbox"/> Reinspect w/in next 6 months | |
| No. of Convolutions: | <input type="checkbox"/> Fabric Torn | <input type="checkbox"/> Good Condition | |
| <input type="checkbox"/> Metal | <input type="checkbox"/> Leaking | <input type="checkbox"/> Newly Installed | |
| <input type="checkbox"/> Duct Type | <input type="checkbox"/> Ballooning | | |
| Arch Configuration | <input type="checkbox"/> Over Extended | | |

FIELD MEASUREMENTS

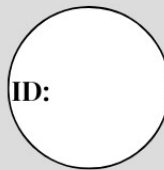
It's very important to read the instructions below and fill in the information completely.

| |
|---|
| # of Arches: <input type="checkbox"/> No Arches |
| <input type="checkbox"/> Wide Arch <input type="checkbox"/> Abrupt Arch |
| <input type="checkbox"/> Open Arch <input type="checkbox"/> Filled Arch |
| Flange Drilling |
| <input type="checkbox"/> STD 150# <input type="checkbox"/> NON-STANDARD |
| Flange 1 (Non Std) Flange 2 (Non Std) |
| OD OD |
| BC BC |
| # of BHs # of BHs |
| BH Dia. BH Dia. |
| Retaining Ring Detail |
| <input type="checkbox"/> 1/4" Thick <input type="checkbox"/> 3/8" Thick |
| <input type="checkbox"/> No rings, floating flange |
| Condition: |
| Material: |
| Control Unit Detail |
| Installed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Limit <input type="checkbox"/> Control |
| # of Rods/Sets: |
| Material: |
| Condition: |
| Compression Sleeves? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Pipe Run (Installation Orientation) |
| DETERMINED BY FLOW OF MEDIA |
| <input type="checkbox"/> Vertical: <input type="checkbox"/> Horizontal: |
| Other: |
| Connecting Equipment |
| <input type="checkbox"/> Suction <input type="checkbox"/> Discharge |

View Looking At:

FF at 12:00:
Lateral Offset:
Define Lateral Offset: (Check one arrow)
Top/Front Flange is ↑ ↓ Relative to the Bottom/Back Flange

FF at 9:00:
Lateral Offset:
Define Lateral Offset:
(Check one arrow)
Top/Front Flange is ← → Relative to the Bottom/Back Flange



FF at 3:00:
Lateral Offset:
Define Lateral Offset:
(Check one arrow)
Top/Front Flange is ← → Relative to the Bottom/Back Flange

FF at 6:00:
Lateral Offset:
Define Lateral Offset: (Check one arrow)
Top/Front Flange is ↑ ↓ Relative to the Bottom/Back Flange

