



Seal Application Data Sheet

Side A

Form 120

Rev.05

Description Title: _____

Date: _____

Inputs	Customer	Company: _____ Name: _____ Title: _____ Email Address: _____		Address: _____ Phone #: _____ Fax #: _____		
	Application Information	Equipment: _____ Model: _____ Component: _____ Customer Part #: _____		Describe the Application:		
	Existing Seal/Problem:					
	Gland Design	Gland Type: <input type="checkbox"/> Open <input type="checkbox"/> Closed <input type="checkbox"/> Split <input type="checkbox"/> Stepped Seal Type: <input type="checkbox"/> Rod/Shaft <input type="checkbox"/> Internal Face <input type="checkbox"/> External Face Dimension: <input type="checkbox"/> inch <input type="checkbox"/> mm				
		Min./Max.	Material	Finish (µ in. Ra)	Hardness, Rc	Coating
		Gland ID: _____/_____	_____	_____	_____	_____
		Gland OD: _____/_____	_____	_____	_____	_____
		Gland Width: _____/_____	_____	_____	_____	_____
		Extrusion Gap: _____/_____	_____	_____	_____	_____
		Side Load: _____/_____	_____	_____	_____	_____
		Runout (TIR): _____/_____	_____	_____	_____	_____
		What modifications to the hardware are permitted? _____ _____ _____				
Operation Conditions	<input type="checkbox"/> Static <input type="checkbox"/> Reciprocating <input type="checkbox"/> Rotary <input type="checkbox"/> Oscillatory <input type="checkbox"/> Unidirectional <input type="checkbox"/> Bi-directional					
			Minimum	Operating	Maximum	Media to be Sealed
		Pressure: psi bar	_____	_____	_____	_____
		Vacuum: torr in. Hg	_____	_____	_____	_____
		Temperature: °F °C	_____	_____	_____	_____
		Cycle Rate: /min Hz	_____	_____	_____	_____
		Stroke Length: inch mm	_____	_____	_____	_____
		RPM:	_____	_____	_____	_____
		Rotation: deg rad	_____	_____	_____	_____
		Velocity: ft/min m/sec	_____	_____	_____	_____
		Breakout Friction/Torque: _____		Running Friction/Torque: _____		
		Expected Life: _____		Allowable Leakage: _____		



Seal Application Data Sheet

Side B

Form 120
Rev.05

Inputs	Other	Applicable statutory and regulatory requirements (ex. FDA, USP, UL etc):			
	Qty.	Quote Qty: _____ Required Delivery Date: _____ Prototype Qty: _____ Required Delivery Date: _____			
	Internal Use Only	Input Review: _____ Date: _____ Territory: _____ Customer Type: <input type="checkbox"/> OEM <input type="checkbox"/> End User <input type="checkbox"/> Distributor/Reseller <input type="checkbox"/> MRO Market: _____ <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> Materials and Product Discussed: </div>			
Outputs	Requirement- Sign offs		References	Date	Hi-Tech Seals (signoff)
		Proposal Dwg #: _____ SIR #: _____ MFR Dwg: _____ Quotation: _____ Revision #: _____ Verification of proposal information: _____ Validation Notes: _____ _____ Is this component eligible for the SR&ED program? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide a SR&ED case number: _____ <div style="text-align: right; margin-top: 5px;"><i>Add to SIR</i></div>	_____	_____	_____
Comments:					