

Trueline Valve Corporation

Knife Gate Valve Selection Sheet

Distributor's Name: _____		Date: _____	
End User Company: _____		Contact Name: _____	
Valve Type: _____		Flange Type: _____	
Shut-off Type: <input type="checkbox"/> 1 Way <input type="checkbox"/> 2 Way		Shut-off Class: <input type="checkbox"/> Class IV <input type="checkbox"/> Class V <input type="checkbox"/> Class VI	
Quantity: _____		Line Size: _____	
Working Temp.: _____		Valve Rating: _____	
Inlet Pressure: _____ PSI		Outlet Pressure: _____ PSI	
Media: _____		Abrasive: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Working pH: _____		Percentage of Solids: _____%	
State: <input type="checkbox"/> Dry <input type="checkbox"/> Liquid <input type="checkbox"/> Other (Specify): _____			
Max Temperature: _____		Peak Temperature: _____	
		Min. Design Temperature: _____	
Will the Valve be Automated: <input type="checkbox"/> Yes <input type="checkbox"/> No		Cycle Frequency: _____	
If Yes: Air Supply: _____ PSI			
<u>Tubing Material</u>		<u>Actuator Action</u>	
<input type="checkbox"/> Rubber		<input type="checkbox"/> Single Acting (SR)	
<input type="checkbox"/> Stainless Steel		<input type="checkbox"/> Double Acting (DA)	
<input type="checkbox"/> Other (Specify): _____		<input type="checkbox"/> Other (Specify): _____	
		<u>Valve Orientation</u>	
		<input type="checkbox"/> Vertical	
		<input type="checkbox"/> Horizontal	
		<input type="checkbox"/> Other (Specify): _____	
Comments / Options:			

Selected Model Number: _____			