REVALVE SINCE 1962

QUESTIONNAIRE
VALVE TEST EQUIPMENT

Annex to _____
№_____dated_____

Dear customer,
Please fill in the present form of valve test equipment questionnaire.
It will help us to propose your esteemed enterprise the solution that will completely satisfy your needs, as well as to reduce the time required for equipment production and your expenses for purchase and operation of the machinery.

Contact data	Company name:
	Address:
	Name of the p

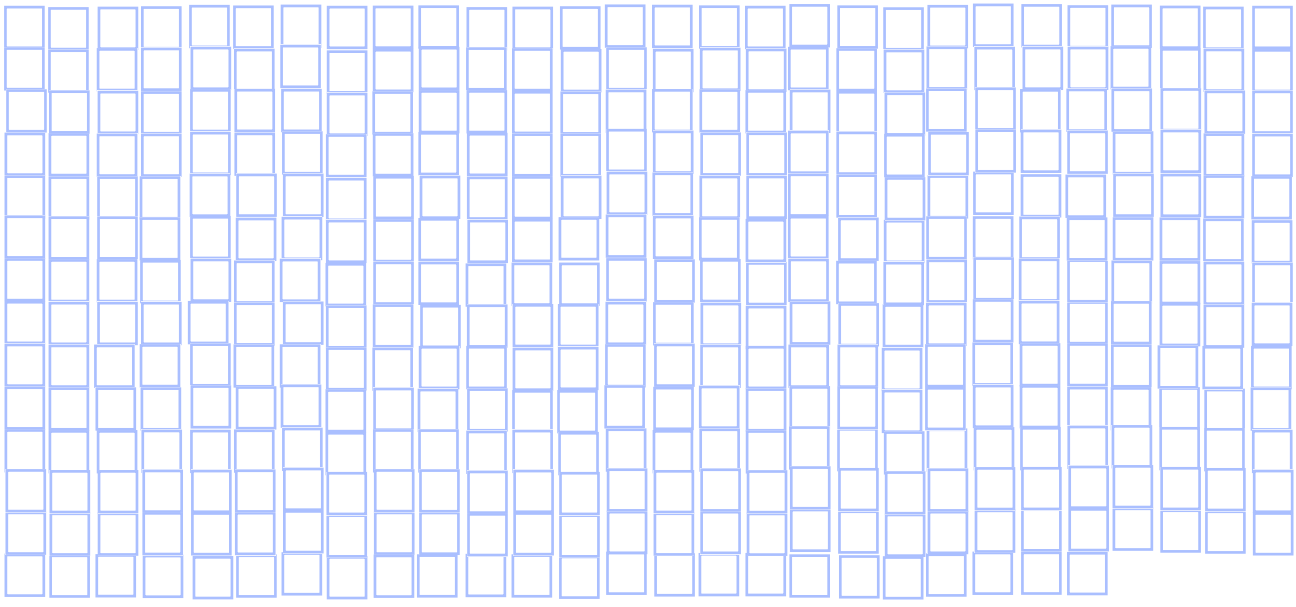
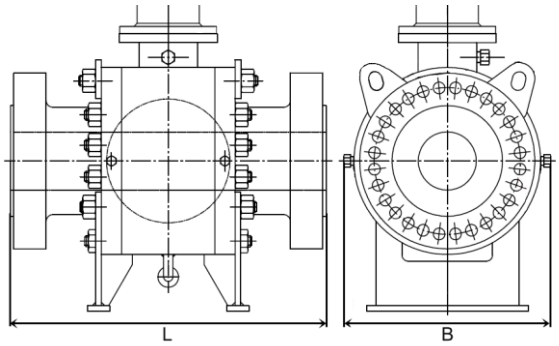


Table 2 – Please indicate the parameters and types of the test valves

Please press the space «□» to choose the right option. After that, this space will be marked with color. You can enter text at the underline _____.	▪ Other types: example.

Types of valves	□ Wedge gate valves;	□ Trough conduit gate valve;	
	□ Ball valves;	□ Butterfly valves;	□ Check valves;
	□ Control valves;	□ Plug valves;	
	□ Other types: _____.		
	Required capacity, pcs/working shift: DN 10-100: _____; DN 150-400: _____; DN 500-800: _____; DN 900-1400: _____.		
Overall dimensions	□ Face-to-face length for flanged valves according to ASME B 16.10. □ For butt weld valves and others, please specify L: min _____ mm; max _____ mm. Width of the valve B: max _____ mm. Installation of the valve for testing: □ With the actuator installed on the valve; □ Without actuator.		
Test medium	□ Hydraulic test: Water with pressure from _____ Bar up to _____ Bar. □ Pneumatic test: □ Air up to _____ Bar; □ Nitrogen up to _____ Bar. □ Other: _____ with pressure from _____ Bar up to _____ Bar.		
Testing standards	□ API 6D; □ API 598; □ ISO 5208;		
	□ **Other related standard** (please specify): _____.		
	□ **Other test procedure** – please share the same with REVALVE, along with the filled questionnaire form.		
Test types	□ Hydrostatic shell test _____ PN; □ Hydrostatic seat leakage test _____ PN; □ Additional seat testing (DBB/DIB**); □ **Other:** _____.		

Isolation valves seat leakage measurement method			□ **Leakage detection unit (bubble and drop counters)*;** □ Computer Registration System PKTBA-CRS-M; □ Through pressure drop on pressure gauges; □ Other (**please specify**) _____.
Control valve seat leakage standards			□ IEC 60534-4; □ ANSI/FCI 70-2.
			□ **Other related standard** (please specify): _____.
			□ **Other test procedure** – please share the same with REVALVE, along with the filled questionnaire form.
Control valves seat leakage measurement			□ Drop/Bubble method according to ANSI/FCI 70-2 ; □ By using analogue rotameters block with air as test medium; □ By using the Computer Registration System PKTBA-CRS-M with optional units: □ MIP - A (test medium AIR) □ MIP - W (test medium Water) **(To specify leakage class need to be covered please fill in below table).**
			□ air with pressure 3,5 Bar; □ water with pressure 3-4 Bar; □ **other:** _____.

DN, mm	**NPS, inch**	**Kv max, m3 / h**	**Leakage class according to ANSI / FCI 70-2**				
			II	**III**	**IV**	**V**	**VI**
10...50	3/8...2						
50...200	2...8						
200...400	8...16						
400...600	16...24						

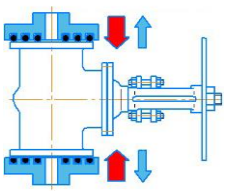
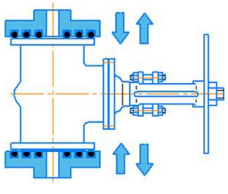
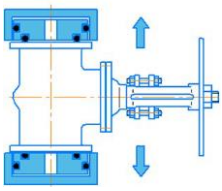
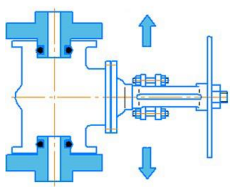
* ***Standard configuration***

** ***DBB/DIB additional testing for gate tightness (according to API 6D) with the ability of test pressure supply into two cavities of the valve in the same time***

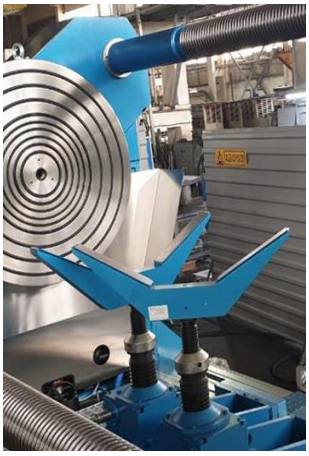
Table 3 – Please choose the test bench parameters

Valve position during the test and the type of clamping	**□ Type 1**	**□ Type 2**	**□ Type 3**
			
	Horizontal, with clamping between the test tables.	Vertical, with clamping by claws over the bottom flange or clamping between the test tables.	Adjustable valve testing position: both horizontal and vertical.

Sealing adapters (type of connection to the pipeline)	□ Flanged RF type of connection (ASME B 16.5/16.47);
	□ Flanged RTJ type of connection (ASME B 16.5/16.47);
	□ Butt weld type of connection – BW, please provide the drawings of BW ends;
	□ Threaded type of connection, please specify the standard _____ ;
	□ Other types of connection – please specify: _____.

Clamping system	□ Hydraulic cylinder operated by pneumatic actuated HP oil pump.	□ Hydraulic cylinder with automated proportional clamping control.	□ “Self-sealing” adapters actuated and controlled by the test pressure supplied to the valve cavity.	□ Inner radial sealing adapters.
	Operator manually controls clamping force by LP pilot air regulator.	**Clamping force grows proportionally to the test pressure with minimal axial compression on the valve body.**	**Safe clamping technology with minimal axial compression on the valve body.**	**Minimize axial compression on the valve body.**
	(applicable for PSV/PRV and other clamping units without axial clamping);	*(applicable for mid size and heavy duty test units);*	*(applicable for small and mid size test units);*	*Required detailed flanged bores/BW valve ends, spools drawings.*
				

Test multi-tables (Sealing adapters for RF/RTJ flanged valves)	□ Stainless steel execution. □ Carbon steel execution.

Valve vacuumizing system (type 2)	□ **Yes*** (required to avoid air trap when filling valve with water) ; □ No.	
Valve water filling system + water recycling station	□ With built-in pump. □ Water recycling station is required. Capacity of the tank: _____m3. □ Without the built-in pump (from the shop network);	
Valve support devices	□ **Yes, valve positioning in-test support devices* (Type 1);**	
	□ Yes, support for yoke assembly (Type 2 and 3);	
	□ No.	
Test pressure supply	□ ***One channel** (switching to another cavity of the valve by means of quick release couplings); □ Possibility for pressurizing of two valve cavities simultaneously, required for DBB/DIB test); □ Other: _____.	
Pressure gauges	«Hydraulic test » accuracy class: □ 1.0 dry**;** □ 1.0 liquid-filled; □ 0.5 dry; □ **0.5 liquid-filled***; □ Other: _____.	
	«Pneumatic test» accuracy class: □ 1.0 dry; □ **0.5 dry***; □ Other: _____.	
	Scale of control gauges: □ **bar/psi***; □ MPa; □ Other: _____.	

*_____

* ***Standard configuration***

Table 4 – Please chose the optional equipment and accessories:

Adjustment of control valve actuators	□ By using test bench PKTBA-SI-PRA Range of adjustment: by air 0 ... 7 Bar, by current 4 ... 20 mA, by voltage 0 ... 24 V; □ Other (**please specify**) _____.
Options	□ Safety interlock system - to prevent unclamping while the valve is still under pressure; □ Digital pressure gauge with the function of storing of peak pressure values.
Low pressure air compressor unit	□ We need air compressor unit only for powering of supplied set of equipment; □ We need air compressor unit only for powering of supplied set of equipment + powering of other workshop equipment with required air pressure _____ Bar and consumption _____ m3 / min.
High pressure air compressor unit	□ not required; □ required; □ we have high pressure air source _____ Bar.
HP gas booster	□ not required; □ required _____ Bar.
Surrounding safety fence + video control system	Length (integer) _____ m; width (integer) _____ m; Width of swing gates: □ 2 m; □ 3 m; Number of sections with bulletproof glass: □ **1***; □ Other _____ pcs. □ We need video control system. Number of cameras: □ 2; □ 4 pcs.
Additional requirements	

*_____

** **Standard configuration***

Table 5 – Please specify the terms of equipment operation, available power sources and dimensions of the site intended for the equipment installation

Terms of operation	□ **Ambient temperature from +5 to +50 °C (air humidity up to 80%) UHL*;** □ Other: _____.
Category of workshop	□ **Enclosed heated and ventilated room *;** □ Other: _____.
Low pressure air	□ We have a workshop network of compressed air with pressure _____ Bar, with capacity (released for equipment) _____ m3/h; □ We do not have available network of compressed air.
High pressure air	□ We have the pressure air source: _____ Bar; □ We don't have the high pressure air source.
Water supply	□ We have a workshop water supply net with pressure not less than 2 Bar and sewage system; □ We don't have a water supply source and sewage system.
Characteristics of the power network	□ Three-phase 400 V / 50 Hz; □ Single-phase 230 V / 50 Hz; □ Other: _____; □ Limitation of maximum power consumption: _____ kW.
Dimensions of the valve test site	Dimensions of area to be allocated for the testing equipment: Length _____ m; Width _____ m; Height to the ceiling _____ m.
Available weight lifting devices (cranes)	□ We have a crane with load capacity _____ t, height under hook _____ m. □ We don't have a weight lifting devices.

_____

* ***Standard configuration***

Table 6 – How did you hear about our company?

□ I'm a regular customer;
□ Internet: - website www.revalve.com; - online exhibition Direct Industry.
□ Exhibitions (please specify event and year): _____;
□ E-mail;
□ Recommendations;
□ Other: _____.

Thank you very much for your time!

Please send the completed questionnaire and additional information,
to e-mail address: sales@revalve.com or by fax: +7(8412) 200-201.

_____ Date _____ Signature _____ Name