

ROTARY SEAL APPLICATION DATA SHEET

Bal Seal provides immediate technical support. We encourage you to complete the application in as much detail as possible and email this application to our Technical Sales Department. Bal Seal will be able to provide the best solution possible to meet your requirements by means of a seal design proposal and technical information.

Name: _____ Date: _____
 Company: _____ Title: _____
 Address: _____ Dept.: _____
 City, State & Zip: _____ Telephone: _____
 Email: _____ Fax: _____

<p>PRODUCT DATA: Product Name: _____ _____ Annual Usage: _____ _____</p> <p>Application is for: <input type="checkbox"/> Prototype <input type="checkbox"/> Production <input type="checkbox"/> Retrofit <input type="checkbox"/> Other: _____</p>	<p>SERVICE: <input type="checkbox"/> Rotary – Continuous <input type="checkbox"/> Rotary – Intermittent <input type="checkbox"/> Oscillating/Dithering <input type="checkbox"/> Other: _____</p> <p>SPEED: <input type="checkbox"/> fpm(m/s) _____ <input type="checkbox"/> rpm _____ <input type="checkbox"/> cpm _____ <input type="checkbox"/> Hz _____</p>	<p>CRITICAL FACTORS:</p> <table border="0"> <tr> <td></td> <td style="text-align: center;">Not Important</td> <td style="text-align: center;">Very Important</td> </tr> <tr> <td><input type="checkbox"/> Friction: _____</td> <td style="text-align: center;">□ □ □ □ □</td> <td style="text-align: center;">□ □ □ □ □</td> </tr> <tr> <td><input type="checkbox"/> Life: _____</td> <td style="text-align: center;">□ □ □ □ □</td> <td style="text-align: center;">□ □ □ □ □</td> </tr> <tr> <td><input type="checkbox"/> Cost Target: _____</td> <td style="text-align: center;">□ □ □ □ □</td> <td style="text-align: center;">□ □ □ □ □</td> </tr> <tr> <td><input type="checkbox"/> Compatibility: _____</td> <td style="text-align: center;">□ □ □ □ □</td> <td style="text-align: center;">□ □ □ □ □</td> </tr> <tr> <td><input type="checkbox"/> Other: _____</td> <td style="text-align: center;">□ □ □ □ □</td> <td style="text-align: center;">□ □ □ □ □</td> </tr> <tr> <td><input type="checkbox"/> Allowable Leakage: _____</td> <td style="text-align: center;">□ □ □ □ □</td> <td style="text-align: center;">□ □ □ □ □</td> </tr> </table>		Not Important	Very Important	<input type="checkbox"/> Friction: _____	□ □ □ □ □	□ □ □ □ □	<input type="checkbox"/> Life: _____	□ □ □ □ □	□ □ □ □ □	<input type="checkbox"/> Cost Target: _____	□ □ □ □ □	□ □ □ □ □	<input type="checkbox"/> Compatibility: _____	□ □ □ □ □	□ □ □ □ □	<input type="checkbox"/> Other: _____	□ □ □ □ □	□ □ □ □ □	<input type="checkbox"/> Allowable Leakage: _____	□ □ □ □ □	□ □ □ □ □
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<p>TEMPERATURE:</p> <p>Intermittent: _____ Max. <input type="checkbox"/> °F <input type="checkbox"/> °C <input type="checkbox"/> °K _____ Min.</p> <p>Continuous: _____ Max. _____ Min.</p> <p>Cycling: _____ Other: _____</p>	<p>MEDIA TYPE:</p> <p>Select one: <input type="checkbox"/> Gas <input type="checkbox"/> Solids <input type="checkbox"/> Corrosive <input type="checkbox"/> Water <input type="checkbox"/> Abrasives <input type="checkbox"/> Contamination <input type="checkbox"/> Oil <input type="checkbox"/> Viscous <input type="checkbox"/> Solid Particles <input type="checkbox"/> Cycling Temperature: _____ <input type="checkbox"/> Other: _____ Description of gas, liquid, solid media: _____ _____</p> <p><input type="checkbox"/> Specific Gravity: _____ <input type="checkbox"/> Volatiles: _____ <input type="checkbox"/> Relative Humidity (RH): _____ % <input type="checkbox"/> Viscosity: _____</p>	<p>PV ENVELOPE:</p> <p style="text-align: center;">P-V Envelope</p> <table border="0" style="margin-left: auto;"> <tr> <td></td> <td style="text-align: center;">P</td> <td style="text-align: center;">V</td> </tr> <tr> <td>A</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>B</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>C</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>D</td> <td>_____</td> <td>_____</td> </tr> </table>		P	V	A	_____	_____	B	_____	_____	C	_____	_____	D	_____	_____
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A	_____	_____															
B	_____	_____															
C	_____	_____															
D	_____	_____															

<p>TORQUE LIMITS:</p> <p><input type="checkbox"/> inches <input type="checkbox"/> lbs. <input type="checkbox"/> N-M</p> <p><input type="checkbox"/> Break away: _____ <input type="checkbox"/> Running: _____</p>	<p>PRESSURE:</p> <p>Max: _____ <input type="checkbox"/> psi <input type="checkbox"/> MPa <input type="checkbox"/> kg/cm²; bar Operating: _____ Minimum: _____ Splash/No Pressure: Reverse Pressure: _____</p> <p>Vacuum: <input type="checkbox"/> inches Hg <input type="checkbox"/> Pa <input type="checkbox"/> Torr Cycling Pressure: ± _____ <input type="checkbox"/> psi <input type="checkbox"/> MPa <input type="checkbox"/> kg/cm²; bar @ _____ (rate)</p>	<p>CONFIGURATION:</p> <p><input type="checkbox"/> Uncaptivated Seal Gland</p> <p><input type="checkbox"/> Captivated Seal Gland</p> <p><input type="checkbox"/> Flanged</p> <p><input type="checkbox"/> Other (attach sketch)</p>
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<p>SHAFT DATA:</p> <p>Diameter: _____ <input type="checkbox"/> inches _____ <input type="checkbox"/> mm Tolerance: _____ <input type="checkbox"/> inches _____ <input type="checkbox"/> mm Material: _____ Hardness: _____ Rc Surface Finish: _____ <input type="checkbox"/> Ra <input type="checkbox"/> RMS <input type="checkbox"/> Ry Plating/Coating: _____ Eccentricity: TIR _____ <input type="checkbox"/> inches _____ <input type="checkbox"/> mm STBM _____ <input type="checkbox"/> inches _____ <input type="checkbox"/> mm Total Runout TIR: _____ <input type="checkbox"/> inches _____ <input type="checkbox"/> mm Can the dimensions be modified?: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>GLAND / BORE DATA:</p> <p>Gland I.D.: _____ <input type="checkbox"/> inches _____ <input type="checkbox"/> mm Tolerance: _____ <input type="checkbox"/> inches _____ <input type="checkbox"/> mm Gland Width: _____ <input type="checkbox"/> inches _____ <input type="checkbox"/> mm Tolerance: _____ <input type="checkbox"/> inches _____ <input type="checkbox"/> mm Material: _____ Surface Finish: _____ Ra/RMS Plating/Coating Type: _____ Can the seal gland/bore be modified? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Will Supply Shaft/Bore/Gland Drawings</p>	<p><input type="checkbox"/> Other (attach sketch)</p>
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