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NEED HELP? Fill out the required information, save and attach to e-mail, or fax to (801) 973-4019. Use the information below and other information in Parker EPS catalogs determine the dimensions needed. We will contact you to discuss your specific application and make recommendations. If you need help filling out this form, please call Applications Engineering at (801) 972-3000.

COMPANY:		FAX NUMBER:	
ADDRESS:		P.O. BOX:	MAIL STOP:
CITY:	STATE:	ZIP:	COUNTRY:
CONTACT:	TITLE:	PHONE:	EXT:
ALT. CONTACT:	TITLE:	PHONE:	EXT:
NAME OF PERSON SUBMITTING DATA:		E-MAIL:	

MOTION STATIC RECIPROCATING OSCILLATORY ROTARY

PRODUCT TYPE

NON-ROTARY - FILL OUT PAGE 2

- ROD/SHAFT WIPER
- PISTON BEARING
- INTERNAL FACE VANE
- EXTERNAL FACE NON-SEAL

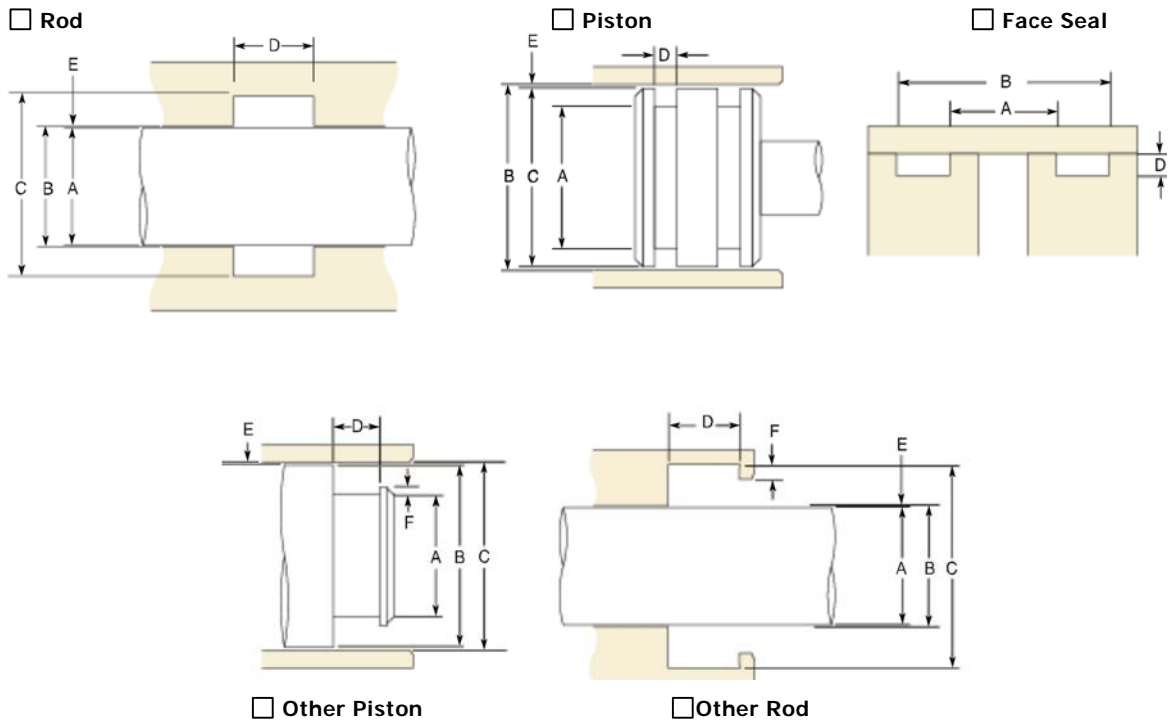
ROTARY - FILL OUT PAGE 3

- SOLID SEAL PTFE LIP SEAL
- SPLIT SEAL ELASTOMER LIP SEAL
- BEARING ISOLATOR
- EXPANSION JOINTS - FILL OUT PAGE 4**

OEM, PROGRAM/MODEL, AND APPLICATION			
EQUIPMENT/MANUFACTURER:		TIER ENTITY (If applicable):	
PROGRAM OR MODEL:		PRODUCTION START DATE:	
APPLICATION TYPE / DESCRIPTION:			
EXISTING SEAL MANUFACTURER:		PART NO.:	
REASON FOR CHANGE: <input type="checkbox"/> PERFORMANCE <input type="checkbox"/> DELIVERY <input type="checkbox"/> NEW APPLICATION <input type="checkbox"/> PRICE <input type="checkbox"/> OTHER (Explain)			
CURRENT PRICE: \$ @ PCS	MONTHLY USAGE:	HOURS OPERATION:	HOURS SERV. LIFE:
TARGET PRICE: \$ @ PCS	QUOTE QTY.:	PROTO QTY.:	DATE PROTO REQ'D.:
SPECIAL REQUIREMENTS			
SPECIAL INSPECTION REQUIREMENTS: <input type="checkbox"/> YES <input type="checkbox"/> NO		SPECIAL PACKAGING REQUIREMENTS: <input type="checkbox"/> YES <input type="checkbox"/> NO	
EXPLAIN:			
ITAR RESTRICTION (Required field) Information contained in this DAR <input type="checkbox"/> IS <input type="checkbox"/> IS NOT restricted from export by International Traffic in Arms Regulations ("ITAR," 22 CFR 120-130).			

NON-ROTARY SEALS

OPERATING PARAMETERS	UNITS	MINIMUM	OPERATING	MAXIMUM
TEMPERATURE:	<input type="checkbox"/> °K <input type="checkbox"/> °F <input type="checkbox"/> °C			
PRESSURE:	<input type="checkbox"/> PSI <input type="checkbox"/> BAR <input type="checkbox"/> MPA			
STROKE LENGTH (RECIPROCATING):	<input type="checkbox"/> INCH <input type="checkbox"/> MM			
CYCLE RATE:	<input type="checkbox"/> /MIN <input type="checkbox"/> /HR <input type="checkbox"/> HZ			
DEGREE OF ARC (OSCILLATING):	DEGREES			
VELOCITY:	<input type="checkbox"/> FT/MIN <input type="checkbox"/> MM/MIN			
VACUUM:	<input type="checkbox"/> IN HG <input type="checkbox"/> TORR			
MEDIA TO BE SEALED:				



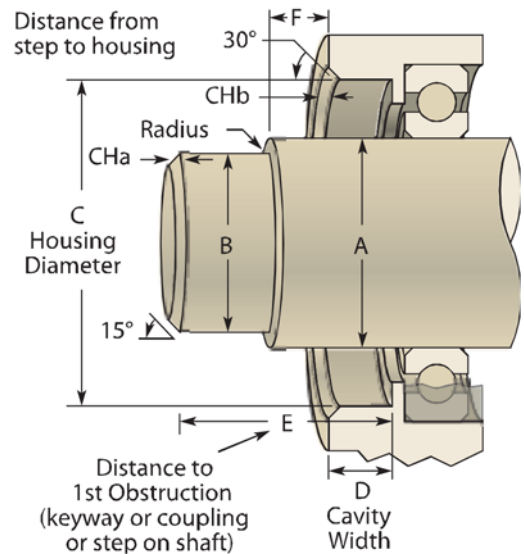
HARDWARE SPECIFICATIONS		HARDWARE DRAWINGS INCLUDED WITH DAR: <input type="checkbox"/> YES <input type="checkbox"/> NO			
A – DIAMETER:	MIN. MAX.	HARDNESS	FINISH	MAT'L	
B – DIAMETER:	MIN. MAX.	HARDNESS	FINISH	MAT'L	
C – DIAMETER:	MIN. MAX.	HARDNESS	FINISH	MAT'L	
D – GROOVE WIDTH:	MIN. MAX.	CAN HARDWARE BE CHANGED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
E – RADIAL CLEARANCE:	MIN. MAX.	HOW?			
F – ROD/PISTON STEP HEIGHT:	MIN. MAX.				
SIDE LOAD (LBS. NEWTONS):		PERFORMANCE REQUIREMENTS			
MIL-G-5514 O-RING DASH #:	BACK-UP WIDTH:	FRICTION: <input type="checkbox"/> LBS <input type="checkbox"/> OZ <input type="checkbox"/> GMS BREAKOUT: DYNAMIC:			
AS4716 O-RING DASH #:	BACK-UP WIDTH:	EXPECTED LIFE: <input type="checkbox"/> CYC <input type="checkbox"/> HRS <input type="checkbox"/> YRS			
GLAND TYPE		MAX LEAKAGE: <input type="checkbox"/> DROPS <input type="checkbox"/> CC/MIN			
<input type="checkbox"/> SPLIT <input type="checkbox"/> OPEN	METRIC	MOST CRITICAL ASPECT:			
<input type="checkbox"/> SOLID <input type="checkbox"/> STEPPED	<input type="checkbox"/> YES <input type="checkbox"/> NO	CONTAMINATION:			



ROTARY SEALS

SHAFT MOVEMENT	SHAFT POSITION	LUBRICATION METHOD		
<input type="checkbox"/> CLOCKWISE	<input type="checkbox"/> HORIZONTAL	<input type="checkbox"/> OIL SPLASH, OIL LEVEL BELOW SHAFT		
<input type="checkbox"/> COUNTERCLOCKWISE	<input type="checkbox"/> VERTICAL UP	<input type="checkbox"/> OIL FLOODED, OIL LEVEL ABOVE SHAFT		
<input type="checkbox"/> BIDIRECTIONAL	<input type="checkbox"/> VERTICAL DOWN	<input type="checkbox"/> GREASE W/O PURGE		
		<input type="checkbox"/> GREASE WITH PURGE		
MEDIA TO SEAL IN:		<input type="checkbox"/> OIL PURGE		
MEDIA TO SEAL OUT:				
ALLOWABLE LEAKAGE:				
OPERATING PARAMETERS	UNITS	MINIMUM	OPERATING	MAXIMUM
TEMPERATURE:	<input type="checkbox"/> °K <input type="checkbox"/> °F <input type="checkbox"/> °C			
PRESSURE:	<input type="checkbox"/> PSI <input type="checkbox"/> BAR <input type="checkbox"/> MPA			
FRICTIONAL TORQUE REQUIREMENTS:	<input type="checkbox"/> IN LB <input type="checkbox"/> NM			

DIMENSIONS LISTED ARE: <input type="checkbox"/> INCH <input type="checkbox"/> METRIC	
SHAFT AXIAL: ±	SHAFT TO BORE:
A – SHAFT: ±	B – SHAFT:
C – BORE: ±	E – DIST. TO FIRST:
D – Cavity Width: ±	F – DIST. FROM HSG:
SHAFT (RPM):	SHAFT FINISH (RA):
SHAFT MATERIAL:	
BORE (RA):	BORE MATERIAL:
RUNOUT (TIR):	
ECCENTRICITY:	



SHAFT FEATURES:

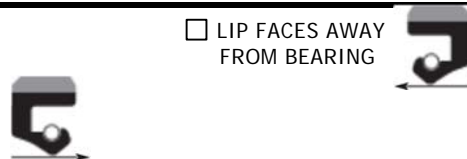
- KEYWAY SPLINE SNAP RING GROOVE
- FDA MATERIAL REQUIRED O-RING GROOVE
- SEAL NEEDS TO EXCLUDE HIGH PRESSURE WATER SPRAY

SEAL INSTALLATION DATA

INSTALLATION DIRECTION:

LIP FACES TOWARDS BEARING

LIP FACES AWAY FROM BEARING



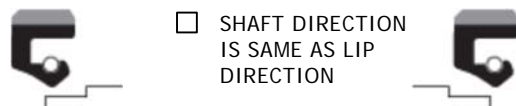
SEAL INSTALLED BY: PUSHING SEAL OVER SHAFT

PUSHING SHAFT THROUGH SEAL

IF SHAFT IS PUSHED THROUGH SEAL:

SHAFT DIRECTION OPPOSES LIP DIRECTION

SHAFT DIRECTION IS SAME AS LIP DIRECTION



Expansion Joints:

Manufacturing Location:
 Nacogdoches Operations, 403 Industrial Blvd., Nacogdoches, TX 75964 USA
 Tel: 1-800-233-3900 Fax: 936-552-8866 email: eps-ccare@parker.com

Project Name:		Page	of
Specification No.:		Inquiry No:	Delivery Required Date:
Quantity Per Item:			
<input type="checkbox"/> New <input type="checkbox"/> Replacement (check one)		Please forward all drawings of ducting, expansion joints. If replacement, please furnish drawings of existing joint.	
SERVICE			
Type of plant/service: (Precipitator, scrubber, etc.)			
Type of fuel:		Percent sulfur:	
Peak load or base load:			
Number of startups and shutdowns per year:			
Location of expansion joint: (ID fan outlet, stack, etc.):			
DIMENSIONS			
Duct Size: (inside dimensions or diameter)			
Breech Opening:			
FLOW / MEDIUM			
Flowing Medium: (ex: air, flue gas, etc.)			
Dust Load: (PSF)		Flow Velocity: (FPS)	
Flow Direction: (check one) <input type="checkbox"/> UP <input type="checkbox"/> DOWN <input type="checkbox"/> HORIZONTAL <input type="checkbox"/> ANGULAR UP <input type="checkbox"/> ANGULAR DOWN			
PRESSURE:			
Design Pressure: (Inches Hg)		Maximum:	Minimum:
TEMPERATURE:			
Gas Temperature: (°F)	Normal:	Continuous:	
Maximum (Upset) Temperature: (°F):	Duration Per Event:	Cumulative Duration:	
Ambient Temperature: (°F)	Minimum:	Maximum:	
MOVEMENTS OF EXPANSION JOINT			
Axial Compression: (inches)	Axial Extension: (inches)		
Lateral Deflection: (inches)	One direction:	Second direction:	
Angulation: (degrees)	Torsion: (degrees)		
DUCT			
Duct Material:		Duct Thickness (inches)	
Internal Liner / Baffle required?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Comments/Notes (If any):			

