

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 person filling the questionnaire form:	
	Position:	
	Tel:	Mob/Whatsapp:
	E-mail:	

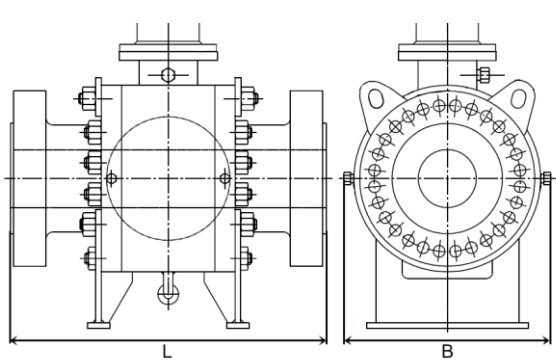
Table 1 – Please mark with any symbol the diameters of the tested valves

Please indicate max PN for min DN and max PN for max DN carefully.
Note that filling in the Table 1 is very important for proper clamping unit selection and its clamping force calculation which highly affects the test complex price.

Please mark the space where min DN and max PN/ max DN and max PN are crossing.
 After that, this space will be marked with a checkmark.

PN, Bar	Class according to ANSI	Test pressure, Bar	DN																												
			NPS																												
			10	15	20	25	32	40	50	65	80	100	125	150	175	200	225	250	300	350	400	500	600	700	800	900	1000	1050	1200	1400	
		3/8																													
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		42																													
		48																													
		56																													
Shut-off and control valves																															
10		15																													
16		24																													
20	150	30																													
25		37,5																													
40		60																													
50	300	75																													
63	400	94,5																													
80		120																													
100	600	150																													
125		187,5																													
160	900	240																													
200		300																													
250	1500	370																													
420	2500	630																													

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




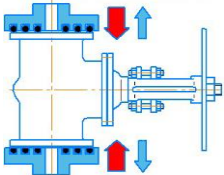
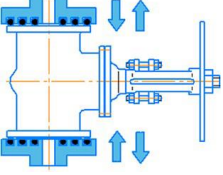
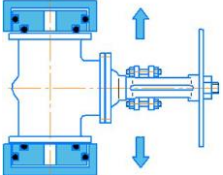
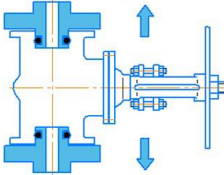
Please press the space «□» to choose the right option. After that, this space will be marked with color. You can enter text at the underline _____.		<input type="checkbox"/> Other types: <u>example</u> .
Types of valves	<input type="checkbox"/> Wedge gate valves;	<input type="checkbox"/> Trough conduit gate valve;
	<input type="checkbox"/> Ball valves;	<input type="checkbox"/> Butterfly valves; <input type="checkbox"/> Check valves;
	<input type="checkbox"/> Control valves;	<input type="checkbox"/> Plug valves;
	<input type="checkbox"/> Other types: _____.	
	Required capacity, pcs/working shift: DN 10-100: _____; DN 150-400: _____; DN 500-800: _____; DN 900-1400: _____.	
Overall dimensions	<input type="checkbox"/> Face-to-face length for flanged valves according to ASME B 16.10. <input type="checkbox"/> 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: <input type="checkbox"/> With the actuator installed on the valve; <input type="checkbox"/> Without actuator.	
Test medium	<input type="checkbox"/> Hydraulic test: Water with pressure from _____ Bar up to _____ Bar. <input type="checkbox"/> Pneumatic test: <input type="checkbox"/> Air up to _____ Bar; <input type="checkbox"/> Nitrogen up to _____ Bar. <input type="checkbox"/> Other: _____ with pressure from _____ Bar up to _____ Bar.	
Testing standards	<input type="checkbox"/> API 6D; <input type="checkbox"/> API 598; <input type="checkbox"/> ISO 5208;	
	<input type="checkbox"/> Other related standard (please specify): _____. <input type="checkbox"/> Other test procedure – please share the same with REVALVE, along with the filled questionnaire form.	
Test types	<input type="checkbox"/> Hydrostatic shell test _____ PN; <input type="checkbox"/> Hydrostatic seat leakage test _____ PN; <input type="checkbox"/> Additional seat testing (DBB/DIB**); <input type="checkbox"/> Other: _____.	

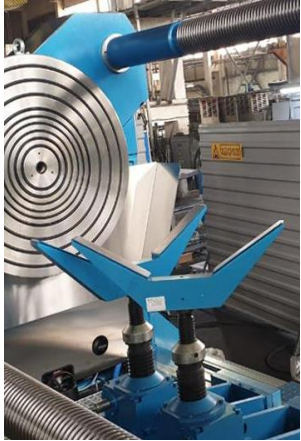

Isolation valves seat leakage measurement method			<input type="checkbox"/> Leakage detection unit (bubble and drop counters)*; <input type="checkbox"/> Computer Registration System PKTBA-CRS-M; <input type="checkbox"/> Through pressure drop on pressure gauges; <input type="checkbox"/> Other (please specify) _____.				
Control valve seat leakage standards			<input type="checkbox"/> IEC 60534-4; <input type="checkbox"/> ANSI/FCI 70-2.				
			<input type="checkbox"/> Other related standard (please specify): _____. <input type="checkbox"/> Other test procedure – please share the same with REVALVE, along with the filled questionnaire form.				
Control valves seat leakage measurement			<input type="checkbox"/> Drop/Bubble method according to ANSI/FCI 70-2 ; <input type="checkbox"/> By using analogue rotameters block with air as test medium; <input type="checkbox"/> By using the Computer Registration System PKTBA-CRS-M with optional units: <input type="checkbox"/> MIP - A (test medium AIR) <input type="checkbox"/> MIP - W (test medium Water) (To specify leakage class need to be covered please fill in below table).				
DN, mm	NPS, inch	Kv max, m ³ / h	<input type="checkbox"/> air with pressure 3,5 Bar; <input type="checkbox"/> water with pressure 3-4 Bar; <input type="checkbox"/> other: _____.				
			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	<input type="checkbox"/> Type 1	<input type="checkbox"/> Type 2	<input type="checkbox"/> 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)	<input type="checkbox"/> Flanged RF type of connection (ASME B 16.5/16.47);			
	<input type="checkbox"/> Flanged RTJ type of connection (ASME B 16.5/16.47);			
	<input type="checkbox"/> Butt weld type of connection – BW, please provide the drawings of BW ends;			
	<input type="checkbox"/> Threaded type of connection, please specify the standard _____ ;			
	<input type="checkbox"/> Other types of connection – please specify: _____.			
Clamping system	<input type="checkbox"/> Hydraulic cylinder operated by pneumatic actuated HP oil pump.	<input type="checkbox"/> Hydraulic cylinder with automated proportional clamping control.	<input type="checkbox"/> “Self-sealing” adapters actuated and controlled by the test pressure supplied to the valve cavity.	
	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.
	<i>(applicable for PSV/PRV and other clamping units without axial clamping);</i>	<i>(applicable for mid size and heavy duty test units);</i>	<i>(applicable for small and mid size test units);</i>	<i>Required detailed flanged bores/BW valve ends, spools drawings.</i>
				

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

*Standard configuration

Table 4 – Please chose the optional equipment and accessories:

Adjustment of control valve actuators	<input type="checkbox"/> 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; <input type="checkbox"/> Other (please specify) _____.
Options	<input type="checkbox"/> Safety interlock system - to prevent unclamping while the valve is still under pressure; <input type="checkbox"/> Digital pressure gauge with the function of storing of peak pressure values.
Low pressure air compressor unit	<input type="checkbox"/> We need air compressor unit only for powering of supplied set of equipment; <input type="checkbox"/> 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	<input type="checkbox"/> not required; <input type="checkbox"/> required; <input type="checkbox"/> we have high pressure air source _____ Bar.
HP gas booster	<input type="checkbox"/> not required; <input type="checkbox"/> required _____ Bar.
Surrounding safety fence	Length (integer) _____ m; width (integer) _____ m; Width of swing gates: <input type="checkbox"/> 2 m; <input type="checkbox"/> 3 m; Number of sections with bulletproof glass: <input type="checkbox"/> 1*; <input type="checkbox"/> Other _____ pcs.
Video control system	<input type="checkbox"/> We need video control system. Number of cameras: <input type="checkbox"/> 2; <input type="checkbox"/> 4 pcs.
Two part control station	<input type="checkbox"/> We need the control station divided in two cabinets, separating control panel (installed outside the safety fence) from components under pressure during HP testing, ensuring safety of operating personnel.
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	<input type="checkbox"/> Ambient temperature from +5 to +50 °C (air humidity up to 80%) UHL* ; <input type="checkbox"/> Other: _____
Category of workshop	<input type="checkbox"/> Enclosed heated and ventilated room * ; <input type="checkbox"/> Other: _____
Low pressure air	<input type="checkbox"/> We have a workshop network of compressed air with pressure _____ Bar, with capacity (released for equipment) _____ m3/h; <input type="checkbox"/> We do not have available network of compressed air.
High pressure air	<input type="checkbox"/> We have the pressure air source: _____ Bar; <input type="checkbox"/> We don't have the high pressure air source.
Water supply	<input type="checkbox"/> We have a workshop water supply net with pressure not less than 2 Bar and sewage system; <input type="checkbox"/> We don't have a water supply source and sewage system.
Characteristics of the power network	<input type="checkbox"/> Three-phase 400 V / 50 Hz; <input type="checkbox"/> Single-phase 230 V / 50 Hz; <input type="checkbox"/> Other: _____; <input type="checkbox"/> 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)	<input type="checkbox"/> We have a crane with load capacity _____ t, height under hook _____ m. <input type="checkbox"/> We don't have a weight lifting devices.

* *Standard configuration*

Table 6 – How did you hear about our company?

<input type="checkbox"/> I'm a regular customer;
<input type="checkbox"/> Internet: - website www.revalve.com ; - online exhibition Direct Industry.
<input type="checkbox"/> Exhibitions (please specify event and year): _____;
<input type="checkbox"/> E-mail;
<input type="checkbox"/> Recommendations;
<input type="checkbox"/> 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