

Tescom Regulator Specification Form

Date: _____

= Required Data
 = Tescom Only

| | | | | | |
|--|--|---|---|-------------|---------------------------|
| 1 | REGULATOR TYPE | PRESSURE REDUCING <input type="checkbox"/> | BACK PRESSURE <input type="checkbox"/> | | |
| | MEDIA | GAS {ENTER NAME} | LIQUID {ENTER NAME} | STEAM/OTHER | |
| 3 | TEMPERATURE | C | F | OTHER | |
| | (RANGE IF APPLICABLE) | | | | |
| | MAX DESIGN TEMP (IF DIFFERENT) | | | | |
| 4 | FLOW RATE | MAX | NORMAL | MIN | |
| | UNITS | | | | |
| 5 | INLET PRESSURE UNITS | MAX | NORMAL | MIN | |
| | CLICK HERE TO SELECT MAX DESIGN PRESSURE (IF DIFFERENT) | | | | |
| 6 | OUTLET PRESSURE UNITS | MAX | NORMAL | MIN | |
| | CLICK HERE TO SELECT | | | | |
| LOADING/ACTUATION TYPE | | | | | |
| 7 | SPRING / HANDKNOB ADJUST | <input type="checkbox"/> | ONLY CHECK ONE | | |
| | SPRING / WRENCH ADJUST | <input type="checkbox"/> | | | |
| | DOME LOAD 1:1 RATIO | <input type="checkbox"/> | | | |
| | DOME LOAD / SPRING BIAS | <input type="checkbox"/> | | | |
| | AIR ACTUATED X:1 RATIO | <input type="checkbox"/> | | | |
| | OTHER | <input type="checkbox"/> | | | |
| MATERIALS OF CONSTRUCTION | | | | | |
| 8 | BODY | | INTERNAL FINISH: | | |
| | WETTED/TRIM | | | | |
| | BONNET | | | | |
| | O-RINGS | | | | |
| | SEAT(S) | | | | |
| | OTHER (LOAD SPRING, ADJ. SCREW, ETC) | | | | |
| VENTING TYPE | | | | | |
| 9 | NON-VENTING | <input type="checkbox"/> | ONLY CHECK ONE | | |
| | SELF-VENTING (TO ATMOSPHERE) | <input type="checkbox"/> | | | INERT GAS ONLY |
| | CAPTURED SELF-VENTING | <input type="checkbox"/> | | | NON-CORROSIVE & INERT GAS |
| | SEGREGATED & CAPTURED VENTING | <input type="checkbox"/> | | | CORROSIVE GAS AND LIQUIDS |
| | | | | | |
| CONNECTIONS & PORTING CONFIGURATION | | | | | |
| 10 | TYPE | | ENTER LETTER CODE FROM PORTING CHART | | |
| | SIZE | | | | |
| | END TO END DIMENSION (IF WELDED) | | | | |
| | PIPE SCHEDULE (IF WELDED) | | | | |
| | PORTING CONFIGURATION | | | | |

| | | | |
|-----------------|---|--------------------------|---------------------------------|
| 11 | ACCESSORIES | | |
| | GAUGES (IF YES, ENTER QTY, DIAMETER & MAX PRESSURE OF EA.) | <input type="checkbox"/> | |
| | 9050 METAL TAG (IF YES, ENTER INFO TO BE STAMPED ON TAG) | <input type="checkbox"/> | |
| | OTHER (EXPLAIN) | | |
| | | | |
| 12 | CERTIFICATIONS AND TEST REPORTS | | NET PRICE |
| | CERTIFICATE OF CONFORMANCE | <input type="checkbox"/> | CHECK ALL THAT APPLY |
| | CERTIFICATE OF CONFORMANCE (SERIALIZED) | <input type="checkbox"/> | |
| | ACTUAL MATERIAL CERTIFICATE (BODY ONLY) | <input type="checkbox"/> | |
| | FUNCTION TEST REPORT | <input type="checkbox"/> | |
| | HYDROSTATIC TEST REPORT | <input type="checkbox"/> | |
| | PNEUMASTATIC TEST REPORT (GN2) | <input type="checkbox"/> | |
| | DYE PENETRANT TEST REPORT (WELDED ONLY) | <input type="checkbox"/> | |
| OTHER (EXPLAIN) | | | |
| 13 | CUSTOMER COMMENTS | | |
| | DATE | | |
| | SALES / AE CONTACT | | |
| | CUSTOMER NAME | | |
| | COMPANY | | |
| | QUANTITIES | | |
| | PROJECT NAME | | |
| | DATA SHEET TAG NUMBER(S) | | |

BELOW AREA FOR TESCOM USE ONLY

| | | |
|---------------------------------|------------|----------------------|
| DATE | | |
| QUOTE/REFERENCE # | | |
| TESCOM MODEL NUMBER | | |
| DESCRIPTION | | |
| | | |
| NAME | DATE | REGULATOR LIST PRICE |
| | | \$0.00 |
| LEADTIME | VALIDITY | CERT & TEST ADDERS |
| CUSTOMER SERVICE REPRESENTATIVE | NAR NUMBER | |

Uncontrolled

Porting Configurations

(Looking at the handknob)

