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innovative gasketing and sealing solutions.™

Application Questionnaire

Date: _____

Please complete and fax the following form to our Technical Department to facilitate our recommendations regarding sizing and torquing of INERTEX® Expanded PTFE Products for your specific applications. For your convenience, if accessing this form in PDF format, all information can be typed in on the screen. After all information is entered, click on the print button to print out a copy, and fax us the form.

General Information

Company: _____ Contact: _____

Address: _____

Email: _____ Tel: (____) _____ ext.____ Fax: _____

Inertech Distributor: _____ Distributor Salesperson: _____

Application Conditions

Type of Equipment: _____ Manufacturer: _____

Media to Be Sealed: _____ Concentration: _____ pH: _____

Max/Norm/Min Pressure (psi): _____/_____/_____ Max/Norm/Min Temperature (°F) _____ / _____ / _____

Flange Information

Construction Material: _____ Type: Weld neck Lap joint Other _____

Flange Surface Conditions: Excellent Pitted/corroded Poor flatness Other _____

ANSI/ASME Flanges: Type: _____ Class: _____ NPS: _____ Flat-Face/Raised-Face: _____

Standard: Old _____ New _____

Raised Face Flanges: I.D. = _____ O.D. = _____

Tongue and Groove Flanges: I.D. of Groove = _____ O.D. of Groove = _____

Depth of Groove = _____ Height of Tongue = _____

Other Flanges:

Circular
DIAMETER

Square / Rectangle / Odd
WIDTH LENGTH

Inside Dimension/Diameter	
Bolt Hole Circle/Center Line	
Outside Dimension/Diameter	

Current Gaskets: Manufacturer: _____ Style # or Color: _____

Material Type: _____ Thickness: _____ Width: _____

Bolt Information:

Bolt Diameter: _____ No. of Bolts: _____ Bolt Type/Grade: _____

Torque Wrench Used: Yes No Lubricant Used: Yes No Type: _____

Comments / Current Problems / Questions: _____



Tested. Proven.