



# Advanced Process Services L.L.C.

Keeping The Process Flowing

## ROTARY CONTROL VALVE REPAIR

2746 S. Vail Ave.  
 Commerce, CA 90040  
 Phone: (323) 278-6530 Fax: (323) 278-6536

JOB NO.

VALVE NO.

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<b>CUSTOMER</b>				
ENTERED	BY	REQUESTED		<input type="checkbox"/> TAXABLE <input type="checkbox"/> NON-TAXABLE

<b>SHIP TO :</b>		
CUSTOMER P.O.	SHIP VIA	COL.

ENTERED	BY	REQUESTED		<input type="checkbox"/> TAXABLE <input type="checkbox"/> NON-TAXABLE
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CUSTOMER P.O.	SHIP VIA	COL.
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<b>MANUFACTURER</b>				
<input type="checkbox"/> VALTEX	<input type="checkbox"/> FISHER	<input type="checkbox"/> MASONELAN	<input type="checkbox"/> POSI-SEAL	
MODEL _____				
SIZE _____		CV _____		
<b>MATERIAL</b>	<input type="checkbox"/> STEEL	<input type="checkbox"/> 316 SS	<input type="checkbox"/> _____	
<b>BODY FORM</b>				
<input type="checkbox"/> GLOBE	<input type="checkbox"/> ANGLE	<input type="checkbox"/> 3-WAY	<input type="checkbox"/> PLUG	<input type="checkbox"/> _____
<b>ANSI CLASS</b>				
<input type="checkbox"/> 150	<input type="checkbox"/> 300	<input type="checkbox"/> 600	<input type="checkbox"/> 1500	<input type="checkbox"/> _____
<b>DISK BALL</b>				
<input type="checkbox"/> 316 SS	<input type="checkbox"/> STEEL	<input type="checkbox"/> CHROME PLATED	<input type="checkbox"/> _____	
<b>SHAFT</b>				
<input type="checkbox"/> 17-4 PH	<input type="checkbox"/> 416HT	<input type="checkbox"/> _____		
<b>SEAT</b>				
<input type="checkbox"/> TEFLON	<input type="checkbox"/> 316SS	<input type="checkbox"/> _____		
<b>BONNET FORM</b>				
<input type="checkbox"/> STD.	<input type="checkbox"/> EXTD.	<input type="checkbox"/> _____		
<b>PACKING</b>				
<input type="checkbox"/> TEFLON	<input type="checkbox"/> GRAFOIL	<input type="checkbox"/> GAIP	<input type="checkbox"/> _____	
<b>AIR TO</b>				
<input type="checkbox"/> OPEN	<input type="checkbox"/> CLOSE			
<b>SHAFT DIRECTION</b>				
<input type="checkbox"/> UPSTREAM	<input type="checkbox"/> DOWNSTREAM			
<b>DISC ROATION</b>				
<input type="checkbox"/> 90°	<input type="checkbox"/> 60°	<input type="checkbox"/> _____		
<b>ACTUATOR TYPE</b>				
<input type="checkbox"/> CYLINDER	<input type="checkbox"/> MANUAL	<input type="checkbox"/> DIAPHRAGM	<input type="checkbox"/> _____	
SIZE _____				
<b>BENCH SET</b>				
<input type="checkbox"/> 3-15	<input type="checkbox"/> 6-30	<input type="checkbox"/> _____		
<b>POSITIONER MODEL</b> _____				
<b>INPUT SIGNAL</b>				
<input type="checkbox"/> 3-15	<input type="checkbox"/> 3-9	<input type="checkbox"/> 9-15	<input type="checkbox"/> 4-20 MA	<input type="checkbox"/> _____
<b>ACCESSORIES</b> _____				
_____				
<b>SPECIAL INSTRUCTIONS</b> _____				
_____				
<b>SERIAL NO.</b> _____				
_____				
<b>TAG NO.</b> _____				

<b>INSPECTION / REPAIR DATA</b>			
<b>BODY</b>			
FACE GASKET SURFACE	<input type="checkbox"/> ACCEPTABLE	<input type="checkbox"/> CORRODED	<input type="checkbox"/> WASHED
INTERNAL GASKET SURF.	<input type="checkbox"/> ACCEPTABLE	<input type="checkbox"/> CORRODED	<input type="checkbox"/> WASHED
WALL THICKNESS	<input type="checkbox"/> ACCEPTABLE	<input type="checkbox"/> NON-ACCEPTABLE	
DISK/BALL	<input type="checkbox"/> ACCEPTABLE	<input type="checkbox"/> DAMAGED	<input type="checkbox"/> WORN
SEAT/SEAL AREA	<input type="checkbox"/> ACCEPTABLE	<input type="checkbox"/> DAMAGED	<input type="checkbox"/> WORN
SHAFT	<input type="checkbox"/> ACCEPTABLE	<input type="checkbox"/> BENT-TWISTED	<input type="checkbox"/> WORN
SEAT	<input type="checkbox"/> ACCEPTABLE	<input type="checkbox"/> DAMAGED	<input type="checkbox"/> WORN
BONNET PACKAGING AREA	<input type="checkbox"/> ACCEPTABLE	<input type="checkbox"/> CORRODED	
ACTUATOR	<input type="checkbox"/> ACCEPTABLE	<input type="checkbox"/> LEAKS	<input type="checkbox"/> WORN
LINKAGE	<input type="checkbox"/> ACCEPTABLE	<input type="checkbox"/> DAMAGED	<input type="checkbox"/> WORN
<b>ACTION</b>			
BODY	<input type="checkbox"/> RE-MACHINE	<input type="checkbox"/> WELD REPAIR/	<input type="checkbox"/> REPLACE
	GASKET AREAS	RE-MACHINE	_____
DISK/BALL	<input type="checkbox"/> RE-CHROME	<input type="checkbox"/> WELD REPAIR/	<input type="checkbox"/> REPLACE
		RE-MACHINE	_____
SHAFT	<input type="checkbox"/> POLISH	<input type="checkbox"/> WELD REPAIR/	<input type="checkbox"/> REPLACE
		RE-MACHINE	_____
<b>ACTUATOR</b>	<input type="checkbox"/> SEAL / KIT	<input type="checkbox"/> REPLACE	_____
<b>POSITIONER</b>	<input type="checkbox"/> RE - BUILD	<input type="checkbox"/> CLEAN & CALIBRATE	<input type="checkbox"/> REPLACE
	<input type="checkbox"/> REPLACE	_____	
OTHER PARTS REPLACED _____			
_____			
_____			

TEST CERTIFICATION & FINAL INSPECTION			
TEST	DATE	BY	RESULT
CALIBRATION			
ACTUATOR SEAL			
FUNCTION			
HYDRO - TEST			
SEAL LEAK			
ASSEMBLED			
INSPECTED			

<b>REMARKS</b>