


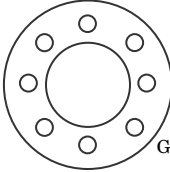


P.O. Box 60399
 Lafayette, LA 70596-0399
 Phone: 337-233-6116 Fax: 337-232-3860
 E-mail: sales@apsonline.com
 Website: www.apsonline.com

Integra/Integra II Gasket Specification

Please fill out the appropriate sections of the following form in order for APS to manufacture your gasket correctly.

NOTE: Please provide the Flange or Valve ID in Section D. Please indicate if the flange has an RTJ groove in Section F.

SECTION A What is the standard? ANSI <input type="checkbox"/> API <input type="checkbox"/> BSI <input type="checkbox"/> DIN <input type="checkbox"/>		SECTION F Select Type of Gasket <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  Type F <input type="checkbox"/> <small>Gasket O.D. = (Bolt Circle - Bolt Hole - 1/16")</small> </div> <div style="text-align: center;">  Type E <input type="checkbox"/> <small>Gasket O.D. = (OD of Flange)</small> </div> </div> <p>Does the flange have an RTJ groove? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>																																								
SECTION B What is the size? <input style="width: 100px; height: 30px;" type="text"/>	SECTION C What is the class? <input style="width: 100px; height: 30px;" type="text"/>	SECTION G Type of Material Needed <small>Note: Check one type of material for each item.</small> <table style="width:100%; border: none;"> <tr> <td>Laminate: G-10 <input type="checkbox"/></td> <td>Core: 316 SS <input type="checkbox"/></td> <td>G-Force <input type="checkbox"/></td> </tr> <tr> <td>G-11 <input type="checkbox"/></td> <td>Inconel 625 <input type="checkbox"/></td> <td></td> </tr> <tr> <td></td> <td>Inconel 825 <input type="checkbox"/></td> <td></td> </tr> <tr> <td></td> <td>S31803 Duplex <input type="checkbox"/></td> <td></td> </tr> </table> <table style="width:100%; border: none; margin-top: 10px;"> <tr> <td>Seal: PTFE/316SS Spring Seal <input type="checkbox"/></td> <td>PTFE/C276 Spring Seal <input type="checkbox"/></td> </tr> <tr> <td>PTFE/Inconel 825 Spring Seal <input type="checkbox"/></td> <td>PTFE/Elgiloy Spring Seal <input type="checkbox"/></td> </tr> <tr> <td>PTFE/Inconel 625 Spring Seal <input type="checkbox"/></td> <td>Viton O-Ring <input type="checkbox"/></td> </tr> </table> <table style="width:100%; border: none; margin-top: 10px;"> <tr> <td>Sleeve: G10 <input type="checkbox"/></td> <td>Washer: G10 <input type="checkbox"/></td> <td>Steel <input type="checkbox"/></td> </tr> <tr> <td>Integral <input type="checkbox"/></td> <td>G11 <input type="checkbox"/></td> <td>F436 PTFE <input type="checkbox"/></td> </tr> <tr> <td>Mylar <input type="checkbox"/></td> <td>G3 <input type="checkbox"/></td> <td>304SS <input type="checkbox"/></td> </tr> <tr> <td>G10 Integral <input type="checkbox"/></td> <td>G7 <input type="checkbox"/></td> <td>316SS <input type="checkbox"/></td> </tr> <tr> <td>Nomex <input type="checkbox"/></td> <td>Micarta <input type="checkbox"/></td> <td>No Steel <input type="checkbox"/></td> </tr> <tr> <td>Mica <input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>Other: _____</td> <td>Other: _____</td> <td></td> </tr> </table>		Laminate: G-10 <input type="checkbox"/>	Core: 316 SS <input type="checkbox"/>	G-Force <input type="checkbox"/>	G-11 <input type="checkbox"/>	Inconel 625 <input type="checkbox"/>			Inconel 825 <input type="checkbox"/>			S31803 Duplex <input type="checkbox"/>		Seal: PTFE/316SS Spring Seal <input type="checkbox"/>	PTFE/C276 Spring Seal <input type="checkbox"/>	PTFE/Inconel 825 Spring Seal <input type="checkbox"/>	PTFE/Elgiloy Spring Seal <input type="checkbox"/>	PTFE/Inconel 625 Spring Seal <input type="checkbox"/>	Viton O-Ring <input type="checkbox"/>	Sleeve: G10 <input type="checkbox"/>	Washer: G10 <input type="checkbox"/>	Steel <input type="checkbox"/>	Integral <input type="checkbox"/>	G11 <input type="checkbox"/>	F436 PTFE <input type="checkbox"/>	Mylar <input type="checkbox"/>	G3 <input type="checkbox"/>	304SS <input type="checkbox"/>	G10 Integral <input type="checkbox"/>	G7 <input type="checkbox"/>	316SS <input type="checkbox"/>	Nomex <input type="checkbox"/>	Micarta <input type="checkbox"/>	No Steel <input type="checkbox"/>	Mica <input type="checkbox"/>			Other: _____	Other: _____	
Laminate: G-10 <input type="checkbox"/>	Core: 316 SS <input type="checkbox"/>	G-Force <input type="checkbox"/>																																								
G-11 <input type="checkbox"/>	Inconel 625 <input type="checkbox"/>																																									
	Inconel 825 <input type="checkbox"/>																																									
	S31803 Duplex <input type="checkbox"/>																																									
Seal: PTFE/316SS Spring Seal <input type="checkbox"/>	PTFE/C276 Spring Seal <input type="checkbox"/>																																									
PTFE/Inconel 825 Spring Seal <input type="checkbox"/>	PTFE/Elgiloy Spring Seal <input type="checkbox"/>																																									
PTFE/Inconel 625 Spring Seal <input type="checkbox"/>	Viton O-Ring <input type="checkbox"/>																																									
Sleeve: G10 <input type="checkbox"/>	Washer: G10 <input type="checkbox"/>	Steel <input type="checkbox"/>																																								
Integral <input type="checkbox"/>	G11 <input type="checkbox"/>	F436 PTFE <input type="checkbox"/>																																								
Mylar <input type="checkbox"/>	G3 <input type="checkbox"/>	304SS <input type="checkbox"/>																																								
G10 Integral <input type="checkbox"/>	G7 <input type="checkbox"/>	316SS <input type="checkbox"/>																																								
Nomex <input type="checkbox"/>	Micarta <input type="checkbox"/>	No Steel <input type="checkbox"/>																																								
Mica <input type="checkbox"/>																																										
Other: _____	Other: _____																																									
SECTION D Type of Flanges <table style="width:100%; border: none;"> <tr> <td>Flange 1</td> <td>Flange 2</td> </tr> <tr> <td><input type="checkbox"/> Weld neck</td> <td><input type="checkbox"/> Weld neck</td> </tr> <tr> <td><input type="checkbox"/> Blind</td> <td><input type="checkbox"/> Blind</td> </tr> <tr> <td><input type="checkbox"/> Slip-on</td> <td><input type="checkbox"/> Slip-on</td> </tr> <tr> <td>Flange ID _____</td> <td><input type="checkbox"/> Valve</td> </tr> </table> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <p><u>Sleeve Length Calculation:</u> $THK\# 1 + THK\# 2 + (GASKET THICKNESS) + 0.0625 = LENGTH$ <u>Sleeve Length for Tapped Holes:</u> $THK\# 1 + (GASKET THICKNESS) + 0.0625 = LENGTH$</p> </div> <p>Valve/ Flange ID _____ <small>If valve, information below is required:</small> Flange of Valve Thickness _____ <small>(If Applicable)</small> Number of tapped holes? _____</p>		Flange 1	Flange 2	<input type="checkbox"/> Weld neck	<input type="checkbox"/> Weld neck	<input type="checkbox"/> Blind	<input type="checkbox"/> Blind	<input type="checkbox"/> Slip-on	<input type="checkbox"/> Slip-on	Flange ID _____	<input type="checkbox"/> Valve	SECTION E If shoulder bolts are used, what is the diameter of the shoulder? <input style="width: 100px; height: 30px;" type="text"/>																														
Flange 1	Flange 2																																									
<input type="checkbox"/> Weld neck	<input type="checkbox"/> Weld neck																																									
<input type="checkbox"/> Blind	<input type="checkbox"/> Blind																																									
<input type="checkbox"/> Slip-on	<input type="checkbox"/> Slip-on																																									
Flange ID _____	<input type="checkbox"/> Valve																																									
Comments: <input style="width: 100%; height: 40px;" type="text"/>																																										

Company Name _____

Signature _____

Date _____