

PRODUCT FAILURE ANALYSIS

Fax completed form to 888.293.2667



Company:	_____	Phone:	_____
Contact:	_____	Fax:	_____
Address:	_____	Email:	_____
PAGE Order #:	_____	Cust. PO #:	_____
PAGE Part #:	_____	In-service Date	_____
Failure mode:	_____		

Application	Attach diagrams, drawings or extra information			
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Media Transferred:				Time in service:	
Flow Rate: (Gallons per minute)				Velocity: (Feet per second):	
Working Pressure:	(minimum)		(maximum)		Constant or Impulse?
Working Temp.:	(minimum)		(maximum)		Constant or Cyclic?
Vacuum Amount:	(minimum)		(maximum)		
Bends of Movement:	amount				Static or Dynamic?

Static Dissipation Conditions				
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Special Conditions				
Cleaning Conditions	Chemical or (CIP)?	Steam or (SIP)?	Temp:	
Atmospheric Conditions:	Temp:		Chemicals:	
Installation/Handling Conditions:				
Remarks:				
Bends of Movement:	amount			Static or Dynamic

Additional Comments				
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