

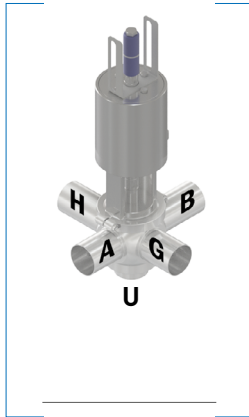
VALVE CHECKLIST

Valve Type (general description): _____

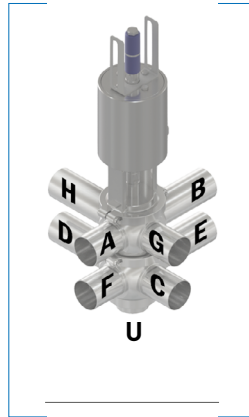
 Hygienic *or* Aseptic ?

RIEGER Type (see catalogue): _____

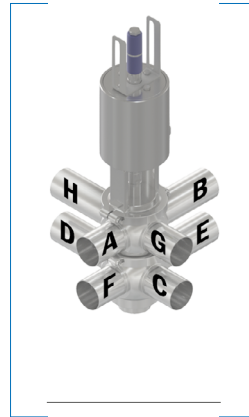
Port Configuration: for Shut Off Valves



for Change Over Valves



for Mix Proof Valves



for Mix Proof Valve N3



Please specify ports with letters:

Dimension and Pipe Standard: _____

Port Connection: _____

others, please specify: _____

Actuator: _____

Max. Product Pressure required for Production: _____

 Air Pressure required (for Pneumatic Actuators): 6-10 bar

Pneumatic Connections: _____

Material of Sealing: _____

others, please specify: _____

 Stainless Steel (in contact with product): 316L If other alloys are required, please specify: _____

 Roughness of Inner Surface: Ra: 0,8 µm others, please specify: _____ Inner Surface Finish: _____

 Roughness of Outside Surface: Ra: 1,6 µm others, please specify: _____ Inner Surface Finish: _____

Feedback: _____

 Surface Measurement Document issued (available against surcharge): *yes or no*

 Material certificate (3.1/2.1) issued (available against surcharge): *yes or no*

 FDA/USP Certificate issued (available against surcharge): *yes or no*

 3-A Standard (US Market Standard): *yes or not required*

 Labeling of Valves: Standard others, please specify: _____

Further Notes: _____