

Checklist Non-return Valve

Your RFQ:

Send checklist to: sales@stoehr-valves.de

Valve type, sizes and quantity

Quantity*: pieces

Valve type*: series

Body type: [straight-through \(180°\)](#)

Nominal diameter*: DN

Nominal pressure: PN minimal PN normal PN maximum*

Cracking pressure for check valve: bar

Type of medium or combination of medias*: e.g. He

Medium temperature*: temp. °C K

Required connections: type measurement [standard](#)

Further options

Welding flange for vacuum-jacketing*: yes

Surface treatment: polished electro polished

Customer specific acceptance tests: please specify

Supplementary information

Temperature installation area: C°

Location of installation: indoor outdoor

Special requirements: desert, salty water etc.

Sender

Company, Institute*:

Contact name:

Phone*:

Email*:

Signature:

* = mandatory | [blue](#) = standard