

Packing Application Form

Date:	From:
For: Tucks Industrial Packings & Seals Pty Ltd	Title:
Email: sales@tucks.com.au Fax: (03) 9699 2726	Company:
Attn: Engineering Department	Address:
Drawing Attached: <input type="checkbox"/> YES <input type="checkbox"/> NO	Phone Number:
	Fax Number:
	Email Address:

Equipment

Type	
Condition	
Manufacturer	

Motion - Type:

- | | | |
|--|--------------------------------------|---|
| <input type="checkbox"/> Rotating | <input type="checkbox"/> Oscillating | <input type="checkbox"/> Stroke Length: _____ |
| <input type="checkbox"/> Reciprocating | <input type="checkbox"/> Static | <input type="checkbox"/> Speed Value: _____ |
- (Metres/Second or Strokes/Minute
– **Circle which one**)

Fluid

Type	Pressure	PSI
Temperature	PH or %	

Dimensions

Shaft/Sleeve Diameter		Piston Diameter	
Material/Shaft		Piston Groove Diameter	
Stuffing Box Diameter		Piston Groove Length	
Stuffing Box Depth		Bore Diameter	
Shaft to Gland Clearance			

Packing/Seal Now in Use

Brand/Manufacturer	Size:
Style No.:	Life:

Remarks/Special Conditions (include life maximum allowable leakage)
