

Valve Actuator Maintenance Record

Make all entries in black or blue permanent ink.

EMERGENCY OTHER

Division _____ District _____ Valve No. _____
Location _____ PLM/SAP No. _____
Line/Station Name _____ TRANSMISSION
Oper. Or Wall Map _____ Oper. Diag. or Plat _____ Blk. _____ DISTRIBUTION
Service Process/System _____ Field Location _____
Elementary Electrical Dwg# _____ Elementary Mechanical Dwg# _____

VALVE ACTUATOR DATA

Valve Description _____ (e.g., MLV or K1 Suction)
Service Interval _____ (e.g., Semi-Annual) Fail Position _____ (e.g., Fail open, Fail close, or Fail last position)
Actuator Make/Model _____ (e.g., Bettis or Shafer)
Power Source and Rating _____ (e.g., 150# Power Gas or 480VAC 3PH)
Control System Command and Rating _____ (e.g., 4-20mA = 0 – 100% or 120AC open/close solenoid)
Control System Feedback And Rating _____ (e.g., 0-100% = 4-20mA or 120VAC open/close limit switches)



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SERVICE HISTORY

Date	Technician Initials LAN ID	Valve Actuator Inspected	Valve Actuator Operated	Document Abnormal Operating Conditions	Supervisor Approval LAN ID Date
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