

PACIFIC GAS AND ELECTRIC COMPANY

DEPT. OF GAS OPER.

Regulator Installation Data Sheet

Division _____ District _____

Street Location _____ Area _____

Installation Date _____ Installation No. _____

This Reg. supplied from _____

PRESSURE AND LOAD INFORMATION						
PRESSURE	SUMMER			WINTER		
	INLET	Max. _____	Min. _____	Normal _____	Max. _____	Min. _____
OUTLET	Max. _____	Min. _____	Normal _____	Max. _____	Min. _____	Normal _____
LOAD-MCF/HR	Max. _____	Min. _____		Max. _____	Min. _____	

CONTROL VALVE			
VALVE BODY	Size _____	Make _____	Type _____
	Material _____	Fig. Series _____	Ser. No. _____
VALVES	Size _____	Material _____	Rated G.W.P. _____
DIAPHRAGM	Chamber: Size _____	Material _____	No. Ply _____

TYPE OF CONTROL SYSTEM						
Loading Method:	Weight <input type="checkbox"/>	Spring <input type="checkbox"/>	Pilot <input type="checkbox"/>	Controller <input type="checkbox"/>		
If Weight Loaded;	Weights;	Inside <input type="checkbox"/>	Outside <input type="checkbox"/>			
If Pilot	Size _____	Make _____	Seat Material _____	Diaphragm Material _____		
		Model _____	Spring Range _____	Orifice Size _____		
If Controller	Make _____	Model _____	Ser. No. _____	Range _____		
	Chart No. _____	Rotation; 24 Hour <input type="checkbox"/>	7 Day <input type="checkbox"/>	Time Cycle <input type="checkbox"/>	Indicating <input type="checkbox"/>	

FILTER				
Size _____	G.W.P. _____	Make _____	Type _____	Filter Medium _____

RELIEF VALVE					
Size Inlet _____	Size Outlet _____	Make _____	Type _____	Orifice Size _____	Relief Setting _____

RECORDING PRESSURE GAUGE				
Make _____	Model _____	Ser. No. _____	Ranges _____	
Chart No. _____	Rotation; 24 Hour <input type="checkbox"/>	7 Day <input type="checkbox"/>	No. of Pens _____	

INSTALLATION VALVES						
	SIZE	TYPE	MAKE	FIG. NO.	FIG. SERIES	RATED G. W. P.
Inlet						
Outlet						
By-Pass						

PIT		
Inside Dimensions _____	Type Construction _____	Type Cover and Size _____
Vent Size, Inlet _____	Outlet _____	Type Ventilator Cap _____
Condition of Pit: Wet <input type="checkbox"/>	Dry <input type="checkbox"/>	Locked <input type="checkbox"/>
	Unlocked <input type="checkbox"/>	Method of Drainage, Describe Below _____

If installation is above ground is area fenced? _____ Locked? _____

Remarks: _____

Date of Report _____ Signed _____

Prepared By _____ *Division Gas Superintendent*