

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 _____ Bk. _____ 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)

