

Dow Corning IPG (In Place Gasketing)

Application Questionnaire

Date: _____



Company _____	Division of _____
Contact _____	Position _____
Address _____	Phone _____
City _____	Fax _____
State _____	Email _____
Zip _____	Other _____
How did you hear of Sealing Devices?	

Project Name/Code	Final Product Sell Price	
Description of product and its application:		
Why do you need a gasket, and what do you expect it to do?		
Current Solution		
Existing tooling?		
Application	Automation	
Enclosure Size	Production rate required	
Internal pressure	Assembled at application?	
Min Temp	Hand fed (Y/N)	
Max Temp	Automation level intended	
Media to be sealed	Turnkey system required?	
Substrate Gasket applied to	Capitol equipment budget	
Closure force	In house Tech support?	
Gasket also acts as adhesive?	Anticipated timeline for start of production	
Preferred Mounting	<input type="checkbox"/> Adhesive bond to substrate <input type="checkbox"/> gasket in groove <input type="checkbox"/> wet assembly (FIPG) <input type="checkbox"/> Foam gasket	
Dimension Constraints	_____ OD _____ ID _____ Thickness	
Substrate Material	<input type="checkbox"/> PC <input type="checkbox"/> PP <input type="checkbox"/> PET <input type="checkbox"/> PA <input type="checkbox"/> Stainless <input type="checkbox"/> Aluminum <input type="checkbox"/> Glass <input type="checkbox"/> Painted <input type="checkbox"/> Other	
Production Requirements:	Annual Quantity _____ Number of Releases _____	

Return via email to dyousett@sealingdevices.com or fax at (716) 651-3485

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Environment	Ambient Conditions	<input type="checkbox"/> Rain <input type="checkbox"/> Wind Driven Rain <input type="checkbox"/> Splash <input type="checkbox"/> Submersion <input type="checkbox"/> Dust/Dirt/Mud <input type="checkbox"/> Caustics <input type="checkbox"/> UV exposure Contact Fluids:
	Required Product Rating	NEMA 1 <input type="checkbox"/> 4 <input type="checkbox"/> 6 <input type="checkbox"/> 12 <input type="checkbox"/> // IP 54 <input type="checkbox"/> 65 <input type="checkbox"/> 66 <input type="checkbox"/> 67 <input type="checkbox"/> 69K <input type="checkbox"/> // MIL Spec
	Temperature (deg C)	Normal Min ___ Normal Max Extreme Min ___ Extreme Max
	How will the gasket be tested?	
	How will the final product be tested?	

Qualification	Specs required	
	PPAP req'd	
	End user requirements	

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