



# UPF FLANGED CONNECTION DATA SHEET FOR UNDERGROUND PIPING INSTALLATION

Work Package No.: \_\_\_\_\_

Task No.: \_\_\_\_\_

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|  |                          |                              |                          |
|--|--------------------------|------------------------------|--------------------------|
| <b>DMC NUMBER:</b>   |                          | <b>DATE:</b>                 |                          |
| <b>PROJECT NO.:</b>  |                          | <b>PROJECT NAME:</b>         |                          |
| <b>QUALITY LEVEL:</b> <input type="checkbox"/> Q <input type="checkbox"/> RS <input type="checkbox"/> CC     |                          |                              |                          |
| <b>BLDG/AREA:</b>  | <b>FLANGE LOCATION:</b>  |                              |                          |
| <b>SYSTEM:</b>   |                          | <b>DRAWING :</b>             |                          |
| <b>FLANGE TYPE:</b>  |                          | <b>FLANGE RATING:</b>        |                          |
| <b>PIPING CODE:</b>  |                          |                              |                          |
| <b>BOLT/STUD MATERIAL GRADE/SPECIFICATION:</b>   |                          |                              |                          |
| <b>NUMBER OF BOLTS OR STUDS REQUIRED:</b>  |                          |                              |                          |
| <b>NUT MATERIAL GRADE/SPECIFICATION:</b>   |                          |                              |                          |
| <b>GASKET TYPE:</b>  |                          | <b>CLEANING SOLUTION:</b>    |                          |
| <b>METHOD OF FLANGE TIGHTENING:</b> <input type="checkbox"/> TORQUE <input type="checkbox"/> BOLT ELONGATION |                          |                              |                          |
| <b>MINIMUM REQUIRED TORQUE OR BOLT STRESS:</b>   |                          |                              |                          |
| <b>TIGHTENING SEQUENCE TORQUE OR BOLT ELONGATION STEPS:</b>  |                          |                              |                          |
| SEQUENCE STEP 1 (25% OF MINIMUM):  |                          |                              |                          |
| SEQUENCE STEP 2 (50% OF MINIMUM):  |                          |                              |                          |
| SEQUENCE STEP 3 (100% OF MINIMUM):   |                          |                              |                          |
| <b>VERIFICATION CHECKS:</b>  | <b>YES</b>               | <b>NO</b>                    | <b>N/A</b>               |
| FLANGE FACES CLEAN   | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> |
| FLANGE FACES ALIGNED   | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> |
| CORRECT GASKET INSTALLED   | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> |
| CORRECT BOLT/NUT SIZE  | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> |
| CORRECT BOLT/NUT MATERIAL  | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> |
| CORRECT TIGHTENING SEQUENCE  | <input type="checkbox"/> | <input type="checkbox"/>     | <input type="checkbox"/> |
| <b>FINAL TORQUE/BOLT ELONGATION:</b>   |                          |                              |                          |
| <b>M&amp;TE USED:</b>  |                          |                              |                          |
| <b>DESCRIPTION:</b>  | <b>SERIAL NUMBER:</b>    | <b>CALIBRATION DUE DATE:</b> |                          |
|  |                          |                              |                          |
| <b>DESCRIPTION:</b>  | <b>SERIAL NUMBER:</b>    | <b>CALIBRATION DUE DATE:</b> |                          |
|  |                          |                              |                          |
| <b>DESCRIPTION:</b>  | <b>SERIAL NUMBER:</b>    | <b>CALIBRATION DUE DATE:</b> |                          |
|  |                          |                              |                          |
| <b>REMARKS:</b>  |                          |                              |                          |
|  |                          |                              |                          |
| <b>FIELD ENGINEER:</b>   |                          | <b>DATE:</b>                 |                          |
|  |                          |                              |                          |
| <b>QUALITY CONTROL ENGINEER:</b>   |                          | <b>DATE:</b>                 |                          |
|  |                          |                              |                          |