

Form Number LLCF-030	Issue Date 04/28/14	Revision Date 01/15/26	Form Number LLCF-030
Flange Completion Form			

GIS Company Name: _____

Project	<i>Customer:</i>	<i>Site:</i>
	<i>Contact Name:</i>	<i>Contact Phone #:</i>
	<i>GIS Project ID:</i>	<i>Customer Project Name:</i>
Joint Ref.	<i>Joint ID No.:</i>	<i>Tag No.:</i>
	<i>Joint Location:</i>	<i>ISO/P&ID Flange No.:</i>
	<i>Vessel/Flange/Valve ID:</i>	<i>Line No.:</i>
Joint Data	<i>Joint Type:</i>	<i>Joint Size/ID:</i>
	<i>Joint Material:</i>	<i>Joint Rating:</i>
	<i>Bolt Dia./Nut AF:</i>	<i>Bolt Material:</i>
	<i>Bolt Qty.:</i>	<i>Bolt Coating:</i>
	<i>Gasket Type:</i>	<i>Gasket Material:</i>
	<i>Lubricant Type:</i>	<i>Lubricant Coef:</i>
	<i>Washer (Y/N):</i>	
Values	<i>Value Source:</i>	<i>Yield Percentage:</i>
	<i>Bolt Load: (lbf or kN)</i>	<i>Residual Bolt Stress: (Lbf/in2 Or N/mm2)</i>
	<i>Source of Calculation:</i>	
Torque	<i>Final Torque Value:</i>	<i>Units:</i>
	<i>Pump Pressure:</i>	<i>Pump Serial Number:</i>
	<i>Torque Tool Model:</i>	<i>Torque Tool Serial No.:</i>
	<i>1st Pass Torque Value:</i>	<i>2nd Pass Torque Value:</i>
	<i>3rd Pass Torque Value:</i>	<i>4th Pass Torque Value:</i>
	<i>5th Pass Torque Value (optional):</i>	
Verification	<i>Flange Inspection by:</i>	<i>Date:</i>
	<i>Flange Assembly by:</i>	<i>Date:</i>
	<i>Torque Tightened by:</i>	<i>Date:</i>
	<i>Customer Acceptance:</i>	<i>Date:</i>
	PRINT ALL NAMES	
<i>Notes:</i>		