

SEALING SYSTEM LEAKAGE ANALYSIS SHORT FORM

(Intended for field or shop use where the more comprehensive three-part checklist may not be practical.)

Seal Application: _____

Equipment Identification: _____

Miles/Hours of Operation: _____

Complaint: _____

STEP 1 INSPECT THE SEAL APPLICATION BEFORE REMOVAL

Amount of Leakage	<input type="checkbox"/> Slight	<input type="checkbox"/> Seal Area Damp	<input type="checkbox"/> Heavy Leakage
Condition of Area	<input type="checkbox"/> Clean	<input type="checkbox"/> Dusty	<input type="checkbox"/> Mud Packed
Leakage Source	<input type="checkbox"/> Between Lip & Shaft	<input type="checkbox"/> Between OD & Bore	
	<input type="checkbox"/> At Retainer Gasket	<input type="checkbox"/> Between Elements of Seal	
	<input type="checkbox"/> At Retainer Bolt Holes	<input type="checkbox"/> Between Wear Sleeve & Shaft	

STEP 2 WIPE AREA CLEAN & INSPECT

Check	<input type="checkbox"/> Nicks on Bore Chamfer	<input type="checkbox"/> Seal Loose in Bore	
Conditions	<input type="checkbox"/> Seal Cocked in Bore	<input type="checkbox"/> Seal Case Deformed	
Found	<input type="checkbox"/> Seal Installed Improperly	<input type="checkbox"/> Paint Spray on Seal	
	<input type="checkbox"/> Shaft to Bore Misalignment	<input type="checkbox"/> Other _____	

STEP 3 ROTATE SHAFT IF POSSIBLE

Check			
Conditions	<input type="checkbox"/> Excessive End Play	<input type="checkbox"/> Excessive Runout	

STEP 4 If the Location of leakage cannot be confirmed at this point, either introduce ultraviolet dye into the sump or spray area with white powder, operate for 15 minutes and check for leakage with ultraviolet or regular light.

STEP 5 MARK THE SEAL AT THE 12 O'CLOCK POSITION & REMOVE IT CAREFULLY

Retain an Oil Sample

STEP 6 INSPECT THE APPLICATION WITH SEAL REMOVED

Check	<input type="checkbox"/> Rough Bore Surface	<input type="checkbox"/> Flaws or Voids in Bore	
Conditions	<input type="checkbox"/> Shaft Clean	<input type="checkbox"/> Shaft Corroded	
Found	<input type="checkbox"/> Coked Lube on Shaft	<input type="checkbox"/> Shaft Discolored	
	<input type="checkbox"/> Shaft Damaged		

STEP 7 INSPECT THE SEAL

Primary Lip Wear	<input type="checkbox"/> Normal	<input type="checkbox"/> Excessive	<input type="checkbox"/> Eccentric
	<input type="checkbox"/> None		
Primary Lip Condition	<input type="checkbox"/> Normal	<input type="checkbox"/> Damaged	<input type="checkbox"/> Hardened (Stiff)
	<input type="checkbox"/> Soft (Flexible)		
Seal O.D.	<input type="checkbox"/> Normal	<input type="checkbox"/> Axial Scratches	<input type="checkbox"/> Damaged Rubber
Spring	<input type="checkbox"/> In Place	<input type="checkbox"/> Missing	<input type="checkbox"/> Separated
	<input type="checkbox"/> Corroded		

Comments: _____

Completed By: _____ Date: _____