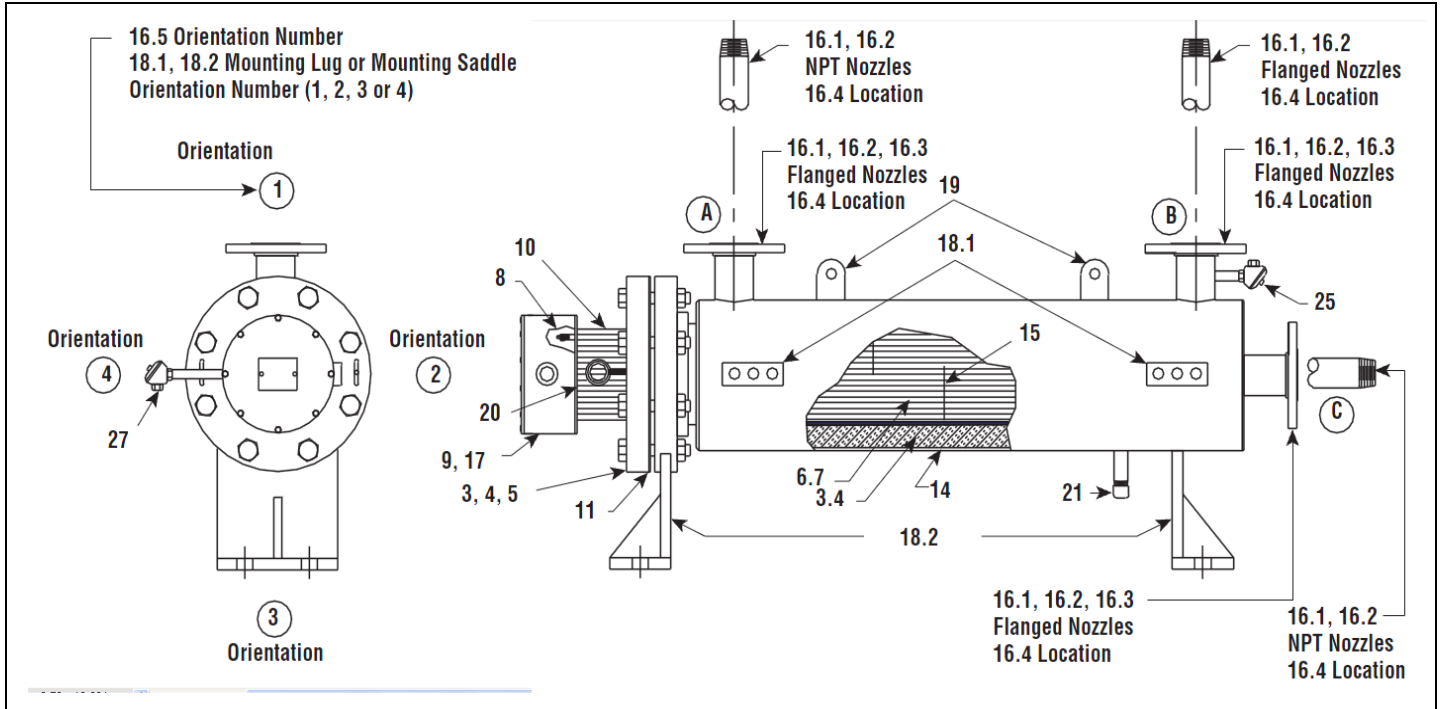


DATE: _____
 PHONE: _____
 FAX: _____

CUSTOMER: _____
 CONTACT: _____
 EMAIL: _____



Note: Drawing is for illustration purposes only.

Operating Conditions

APPLICATION (Describe in detail):

Blank area for describing the application details.

| | |
|--|---|
| MATERIAL: <input type="checkbox"/> GAS <input type="checkbox"/> LIQUID <input type="checkbox"/> SOLID | TEMPERATURE IN: ° <input type="checkbox"/> F <input type="checkbox"/> C |
| ENVIRONMENT: <input type="checkbox"/> INDOOR <input type="checkbox"/> OUTDOOR | TEMPERATURE OUT: ° <input type="checkbox"/> F <input type="checkbox"/> C |
| HAZARD CLASS: DIV.: GROUP: CLASS: | AMBIENT TEMPERATURE: ° <input type="checkbox"/> F <input type="checkbox"/> C |
| PRESSURE (PSIG): OPERATING: DESIGN: | DESIGN TEMPERATURE: ° <input type="checkbox"/> F <input type="checkbox"/> C |
| FLOW RATE: SCFM GPM LBS/HR | OTHER: (SPECIFY) |

Heater Specifications:

| | | | | | | | | | | | | |
|---|--|---|--|---|---|---|---|---|---------------------------------|------------------------------|-----------------------------|--|
| RATING: | VOLTS: | WATTS: | PHASE: | KILOWATTS: | CIRCUITS: | | | | | | | |
| SIZE/ELEMENTS: | <input type="checkbox"/> 3"/3 | <input type="checkbox"/> 6"/12 | <input type="checkbox"/> 8"/18 | <input type="checkbox"/> 10"/27 | <input type="checkbox"/> 12"/36 | <input type="checkbox"/> 14"/45 | <input type="checkbox"/> 16"/72 | <input type="checkbox"/> 18"/108 | <input type="checkbox"/> OTHER: | | | |
| FLANGE MATL: | <input type="checkbox"/> CARBON STEEL | <input type="checkbox"/> 304 STAINLESS STEEL | <input type="checkbox"/> CARBON STEEL GALVANIZED | <input type="checkbox"/> OTHER: | | | | | | | | |
| FLANGE RATING: | <input type="checkbox"/> CLASS 150 | <input type="checkbox"/> CLASS 300 | <input type="checkbox"/> OTHER: | | | | | | | | | |
| WATT DENSITY: | <input type="checkbox"/> 6.5W/in ² | <input type="checkbox"/> 15W/in ² | <input type="checkbox"/> 23W/in ² | <input type="checkbox"/> 45W/in ² | <input type="checkbox"/> OTHER: | | | | | | | |
| SHEATH MATL: | <input type="checkbox"/> STEEL | <input type="checkbox"/> COPPER | <input type="checkbox"/> 304 S/S | <input type="checkbox"/> 316 S/S | <input type="checkbox"/> INCOLOY | <input type="checkbox"/> OTHER: | | | | | | |
| TERMINAL SEALS: | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> SILICONE RESIN (450°F) | <input type="checkbox"/> RTV (450°F) | <input type="checkbox"/> SILICONE FLUID (450°F) | | | | | | | |
| | <input type="checkbox"/> EPOXY (250°F) | <input type="checkbox"/> HERMETIC (Max. 1000°F) | <input type="checkbox"/> OTHER: | | | | | | | | | |
| ENCLOSURE: | <input type="checkbox"/> GENERAL PURPOSE | <input type="checkbox"/> MOISTURE RESISTANT | <input type="checkbox"/> EXPLOSION RESISTANT | | | | | | | | | |
| STANDOFFS: | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> 4 IN | <input type="checkbox"/> 6 INCH | <input type="checkbox"/> OTHER: | | | | ASME DESIGN & CERT.: | <input type="checkbox"/> YES | <input type="checkbox"/> NO | |
| FLANGE GASKET: | <input type="checkbox"/> STANDARD | <input type="checkbox"/> SPIRAL WOUND | <input type="checkbox"/> OTHER: | | | | | | CIRCULATION BAFFLES: | <input type="checkbox"/> YES | <input type="checkbox"/> NO | |
| INSULATION: | <input type="checkbox"/> NONE | <input type="checkbox"/> STANDARD | <input type="checkbox"/> HIGH TEMPERATURE | <input type="checkbox"/> WEATHERPROOF JACKET | | | | | | | | |
| NOZZLE SIZE, TYPE AND ORIENTATION: | <input type="checkbox"/> STANDARD OR AS INDICATED BELOW: | | | | | MOUNTING: | <input type="checkbox"/> VERTICAL – TERMINAL BOX | | | | | |
| | | SIZE | TYPE | RATING | LOCATION | | ORIENTATION | <input type="checkbox"/> UP <input type="checkbox"/> DOWN | | | | |
| | INLET | | | | | | | <input type="checkbox"/> HORIZONTAL | | | | |
| | OUTLET | | | | | | MOUNTING METHOD: | <input type="checkbox"/> STANDARD OR AS INDICATED: | | | | |
| <p><i>NOTES: 16.1 Size is nominal</i> 16.2 Type is NPT threaded or raised face flange 16.3 Rating is 150 lb, 300 lb, etc if flanged 16.4 Location is A, B, or C (from figure) 16.5 Orientation is 1, 2, 3, or 4 (from figure)</p> | | | | | | | | <input type="checkbox"/> LUGS – Orientation Number | | | | |
| | | | | | | | <input type="checkbox"/> SADDLES – Orientation Number | | | | | |
| <i>Note: Orientation number is 1, 2, 3 or 4 (from figure on first page)</i> | | | | | | | | | | | | |
| LIFT LUGS - BODY: | <input type="checkbox"/> YES | <input type="checkbox"/> NO | LIFT LUGS - FLANGE: | <input type="checkbox"/> YES | <input type="checkbox"/> NO | DRAIN PIPE: | <input type="checkbox"/> YES (Horizontal) | | | | <input type="checkbox"/> NO | |
| MECHANICAL PROCESS TEMP CONTROL: | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> GENERAL PURPOSE | <input type="checkbox"/> MOISTURE RESISTANT | <input type="checkbox"/> EXPLOSION RESISTANT | | | | | | | |
| | TEMP RANGE (°F): | | <input type="checkbox"/> 0-100 | <input type="checkbox"/> 60-250 | <input type="checkbox"/> 200-500 | <input type="checkbox"/> 300-700 | <input type="checkbox"/> OTHER: | | | | | |
| ELEC PROCESS CTL: | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> GENERAL PURPOSE | <input type="checkbox"/> MOISTURE RESISTANT | <input type="checkbox"/> EXPLOSION RESISTANT | | | | | | | |
| MECH HIGH LIMIT PROTECT CTRL: | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> GENERAL PURPOSE | <input type="checkbox"/> MOISTURE RESISTANT | <input type="checkbox"/> EXPLOSION RESISTANT | | | | | | | |
| | TEMP RANGE (°F): | | <input type="checkbox"/> 0-100 | <input type="checkbox"/> 60-250 | <input type="checkbox"/> 200-500 | <input type="checkbox"/> 300-700 | <input type="checkbox"/> OTHER: | | | | | |
| PROCESS THERMOCOUPLE IN OUTLET: | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> TYPE J | <input type="checkbox"/> TYPE K | | | | | | | | |
| | With Separate Terminal Box: | | <input type="checkbox"/> NONE | <input type="checkbox"/> GENERAL PURPOSE | <input type="checkbox"/> MOIST RESISTANT | <input type="checkbox"/> EXPL RESISTANT | | | | | | |
| ELEC HIGH LIMIT: | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> GENERAL PURPOSE | <input type="checkbox"/> MOISTURE RESISTANT | <input type="checkbox"/> EXPLOSION RESISTANT | | | | | | | |
| OVERHEAT THERMOCOUPLE IN OUTLET: | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> TYPE J | <input type="checkbox"/> TYPE K | | | | | | | | |
| | With Separate Terminal Box: | | <input type="checkbox"/> NONE | <input type="checkbox"/> GENERAL PURPOSE | <input type="checkbox"/> MOIST RESISTANT | <input type="checkbox"/> EXPL RESISTANT | | | | | | |
| SKID MOUNTED: | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> VERTICAL ORIENTATION | <input type="checkbox"/> HORIZONTAL ORIENTATION | <input type="checkbox"/> CONTROL PANEL | | | | | | | |
| SPECIAL FEATURES: | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| APPROVALS: | <input type="checkbox"/> NONE | <input type="checkbox"/> UL LISTED | <input type="checkbox"/> CSA CERTIFIED | <input type="checkbox"/> OTHER: | | | | | | | | |

Customer Specifications

| | |
|---|---|
| Date: _____ Rep Company: _____ Sales Engineer: _____ Qty of Heaters: Per Order: _____ Per Year: _____ | Prepared By: _____ Customer Name: _____ Location: _____ Order/Inquiry No.: _____ |
| 1. Medium Being Heated: Sp. Ht. _____ Viscosity: _____ @ _____ °F Lethal Substance ¹ <input type="checkbox"/> Yes <input type="checkbox"/> No Operating Pressure: _____ psig Operating Temp: _____ °F | |
| From: _____ °F to _____ °F Minimum Flow Rate _____ Maximum Flow Rate _____ Design Pressure Max _____ psig (MAWP) Design Temp Max _____ °F Min. Temp (MDMT) _____ °F | |
| 2. Heater Construction – Model: Nominal Vessel Size (NPS): <input type="checkbox"/> 3" <input type="checkbox"/> 5" <input type="checkbox"/> 8" <input type="checkbox"/> 10" <input type="checkbox"/> 12" <input type="checkbox"/> 14" <input type="checkbox"/> 16" <input type="checkbox"/> 18" <input type="checkbox"/> Other (Specify) _____ Flange Class: _____ LB Construction: (150, 300, 400, etc.) ² Vessel Materials: _____ (Carbon Steel, Stainless, etc.) ² Element Materials: _____ (Copper, Steel, Stainless, Incoloy®) ² Inlet/Outlet Size (NPS): _____ NPT or Flanged: _____ Terminal Enclosure: _____ E1, E2, E3, E4 Mounting Position: _____ (Vertical or Horizontal) Insulation Jacket: _____ (Standard, Weather Resistant, None) ASME Code Section: _____ (I, IV, VIII) ² Circulation Type: _____ (Baffled or Unbaffled) | |
| 3. Electrical Data: kW: _____ Voltage: _____ Phase: _____ No. of Circuits: _____ Watt Density ² : _____ Overheat Protection: _____ | |
| 4. Temperature Control Requirements Controller Model No.: _____ Range: _____ °F _____ °C Housing Type: _____ (ER, LT, STD) | |
| 5. Power Control Requirements A. SCR Solid State Control Panel Model No.: _____ B. Step Controller Power Panel: ISSC _____ ISSU _____ C. Contactor Power Panel: _____ | |
| 6. Other Regulatory or Local Code Requirements: _____ _____ | |
| 7. Remarks (Other Requirements): _____ _____ | |