

DATE: _____ CUSTOMER: _____
 PHONE: _____ CONTACT: _____
 FAX: _____ EMAIL: _____

Tank Information

DIAMETER OF TANK: <input type="checkbox"/> IN <input type="checkbox"/> FT <input type="checkbox"/> Other: _____		LENGTH: <input type="checkbox"/> IN <input type="checkbox"/> FT <input type="checkbox"/> Other: _____	
RADIUS: <input type="checkbox"/> IN <input type="checkbox"/> FT <input type="checkbox"/> Other: _____		WIDTH: <input type="checkbox"/> IN <input type="checkbox"/> FT <input type="checkbox"/> Other: _____	
SURFACE AREA:	MATERIAL: _____	HEIGHT: <input type="checkbox"/> IN <input type="checkbox"/> FT <input type="checkbox"/> Other: _____	
INSULATION TYPE:		THICKNESS: <input type="checkbox"/> IN <input type="checkbox"/> FT <input type="checkbox"/> Other: _____	
TEMP TO MAINTAIN: ° <input type="checkbox"/> F <input type="checkbox"/> C		MIN AMBIENT TEMP: ° <input type="checkbox"/> F <input type="checkbox"/> C	
MIN STARTUP TEMP: ° <input type="checkbox"/> F <input type="checkbox"/> C		MAX EXPOSURE TEMP: ° <input type="checkbox"/> F <input type="checkbox"/> C	
AREA CLASS: <input type="checkbox"/> INDOOR <input type="checkbox"/> OUTDOOR		MAX WIND SPEED: _____ MPH	
CORROSIVE PRESENT? <input type="checkbox"/> YES <input type="checkbox"/> NO		CORROSIVE TYPE: _____	
SAFETY FACTORY: _____			
VOLTAGE:	BREAKER SIZE:	BREAKER TYPE:	
CONTROL TYPE: _____			

CALCULATED HEAT LOSS:	_____
LENGTH REQUIRED:	_____
CABLE SELECTED:	_____

Sketch Area

Bill of Materials

	ITEM NUMBER	DESCRIPTION	QTY	UNITS
CABLE				
CONTROL				
Connections				
POWER				
SPLICE / TEE				
END SEAL				
Attachments				
TAPE				
CABLE TIES				
PIPE STRAPS				
CAUTION LABELS				