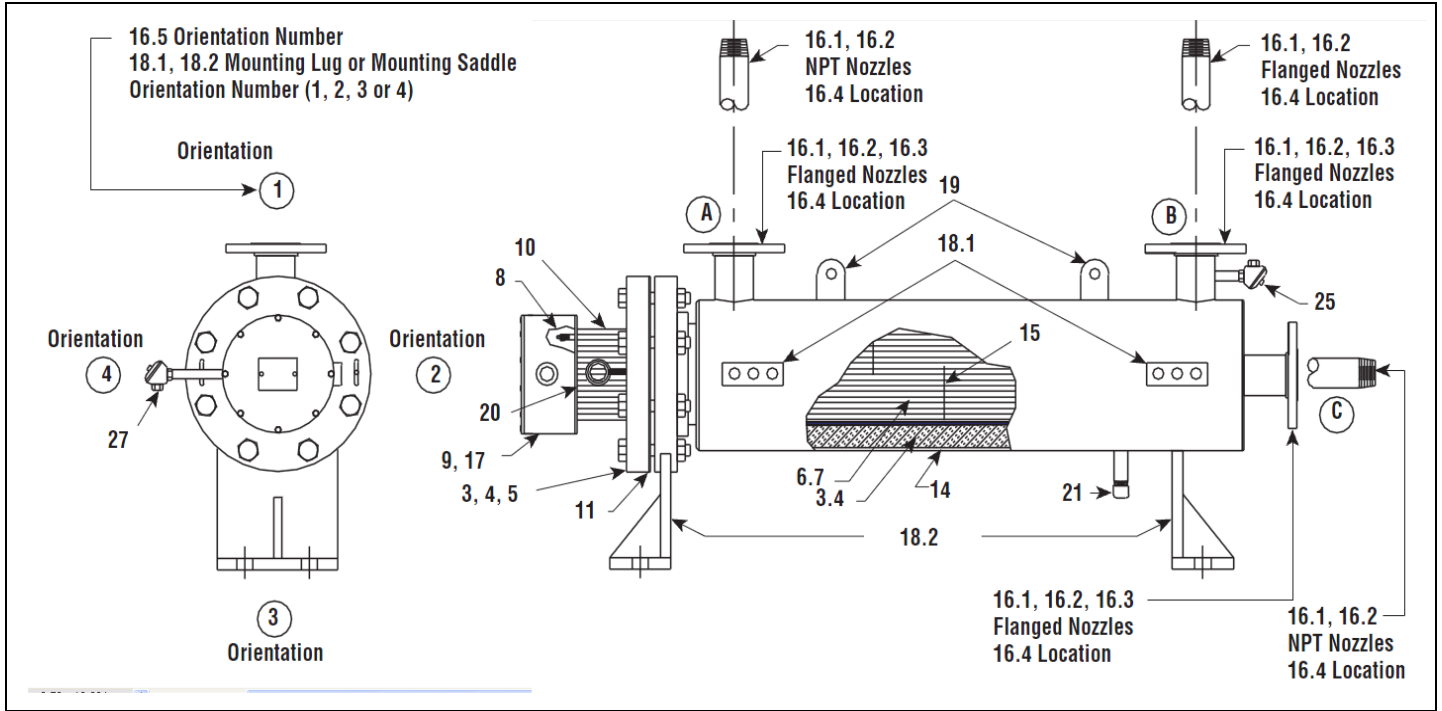


DATE: _____
 PHONE: _____
 FAX: _____

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): _____ _____	