



## MOTOR OPERATED VALVE SPECIFICATION CHECKLIST

Company Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Contact: \_\_\_\_\_ Telephone: \_\_ (\_\_\_\_) \_\_\_\_\_

Fax: \_\_ (\_\_\_\_) \_\_\_\_\_

1. Application: \_\_\_\_\_

\_\_\_\_\_

2. Desired configuration: Ball \_\_\_ Butterfly \_\_\_ Gate \_\_\_ Plug \_\_\_ Spool \_\_\_

3. Maximum Operating Pressure: \_\_\_\_\_ PSIG

4. Operating Temperature: Max. \_\_\_\_\_ °F Min. \_\_\_\_\_ °F

5. System Fluid(s): \_\_\_\_\_

6. Electrical interface: \_\_\_\_\_

5. Voltage & range \_\_\_\_\_ 6. Allowable leakage \_\_\_\_\_

7. Thermal Relief Valve option \_\_\_\_\_, one way or two way relief \_\_\_\_\_

Desired cracking pressure \_\_\_\_\_, Minimum Reseat Pressure \_\_\_\_\_ PSIG

8. Flow Rate (Min.): \_\_\_\_\_ SCFM/GPM at Maximum Pressure Drop \_\_\_\_\_

9. Materials: Body \_\_\_\_\_ Trim \_\_\_\_\_ Seals \_\_\_\_\_

10. Line Connections: Inlet Size \_\_\_\_\_ Type \_\_\_\_\_

Outlet Size \_\_\_\_\_ Type \_\_\_\_\_

11. Envelope Requirements: L \_\_\_\_\_ W \_\_\_\_\_ H \_\_\_\_\_

12. Maximum Weight: \_\_\_\_\_

13. Cycle life requirement: \_\_\_\_\_

14. EMI requirements (list specific requirements under remarks): \_\_\_\_\_



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15. Number of Units Required: Now \_\_\_\_\_ Yearly \_\_\_\_\_

16. Target Price: \_\_\_\_\_

17. Remarks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_