



PRESSURE GAUGE SPECIFICATION CHECKLIST

Company Name: _____ Date: _____

Address: _____

Contact: _____ Telephone: __ (____) _____

Fax: __ (____) _____

1. Application: _____

2. Operating Pressure Range: _____ PSIG/BAR
Proof Pressure and/or Pressure Spike _____ Burst Pressure _____

3. Operating Temperature: Max. _____ °F Min. _____ °F

4. System Fluid(s): _____

5. Pressure Gauge with _____ or without _____ integrated charging valve.

6. Accuracy requirements: _____ PSIG

7. Are color bands desired? _____

8. What is the desired size of the dial face? _____

9. Is there a desired pressured increments and or calibration points? _____

9. Is there a desire arc for the pointer and pressure readings? _____

10. Line Connections: Inlet Size _____ Type _____

Outlet Size _____ Type _____

11. Envelope Requirements: L _____ W _____ H _____

12. Maximum Weight: _____

13. Units Must Meet the Following Specifications: _____

14. Number of Units Required: Now _____ Yearly _____

15. Target Price: _____

16. Remarks: _____
