



SOLENOID VALVE SPECIFICATION CHECKLIST

Company Name: _____ Date: _____

Address: _____

Contact: _____ Telephone __ (____) _____

Fax: __ (____) _____

1. Application: _____

2. Normally Open _____ Closed _____ Type of valve 2 _____ 3 _____ 4 _____ way

3. Maximum Operating Pressure: _____, Is There System Back Pressure _____

4. Ambient Temperature: Max. _____ °F Min. _____ °F

5. Fluid Temperature: Max. _____ °F Min. _____ °F

6. System Fluid(s): _____

7. Power Requirements: Minimum operating Voltage _____ AC _____ DC _____
Amps _____ Max. Dropout _____ Min. pull-in _____

8. Duty Cycle: Continuous _____ Intermittent _____

Max. On Time _____ Min. Off Time _____

9. Life Expectancy In Cycles _____ Actuation Time (if Req.) _____

10. Allowable Internal Leakage: _____

11. Flow Rate (Min.): _____ SCFM/GPM at Maximum Pressure Drop: _____

12. Materials: Body _____ Trim _____ Seals _____

13. Line Connections: Size/Type _____

14. Receptacle _____ Conduit _____ Pigtail in Inches _____

15. Envelope Requirements L _____ W _____ H _____

16. Mounting requirements _____

17. Maximum Weight _____

18. Units Must Meet the Following Specifications _____



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19. Desired options: Manual override ____ Position indication ____ Other ____

19. Quantity Required: Now _____ Yearly _____ Per System _____

20. Target Price: _____