

Pinch Valve Application Checklist



Contact Information

Organization: _____

Address: _____

Organization Type: _____

City: _____

Contact Name: _____

State/Province: _____

Email: _____

Postal Code: _____

Title: _____

Country: _____

Telephone: _____

How did you hear about us?

Web/search engine:

Trade show:

Customer/partner referral:

Website:

Advertisement:

General Description

Valve Type: _____

Market Application: _____

Intended use:

Tubing Specifications

Tubing Manufacturer: _____

Tubing Inner Diameter (in): _____"

Model/Cat. Number: _____

Tubing Outer Diameter (in): _____"

Tubing Material (in): _____

Tubing Durometer Range: _____ to _____
(Shore A)

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Application Specifications

Fluid/Media Type: _____

Pressure or Vacuum Range: _____ to _____ PSI / Bar / mm Hg

Temperature Range: _____ to _____ °F / °C

Are you applying vacuum?: Yes No

If yes, desired flow rate: _____

Mounting Orientation:

Maximum On Time: _____ Seconds / Minutes / Hours

Maximum Cycle Rate: _____ per Second / Minute / Hour / Day / Month

Duty Cycle: _____%

Additional Application Details:

Optional Accessories

Valve State Sensing

Note: standard setup for digital hall is 4-24DCV x 5 -15 mA, and for microswitch is 30 DCV x 5A maximums.

Valve State Sensing:

Sensor Type:

Sensing Device:

Available Power: _____ voltage x _____ amps

State Sensing Considerations:

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Cabling and Harnessing

Are there any special cabling, harnessing, or plumbing requirements that you would like us to provide?

Safety & Regulatory Certifications

Do you require any product safety or regulatory certifications that we need to be aware of?

Special Labelling

Do you require any special labelling to be applied?