



PNEUMATIC APPLICATION REVIEW WORKSHEET

Contact Information:

Date (mm/dd/yr): ____/____/____
Organization: _____
Contact Person: _____ Title: _____
Email: _____ Phone #: _____
Address: _____
City: _____ State/Province: _____ Postal Code: _____
Country: _____

Customer Type: OEM: ____ End-User: ____ Distributor: ____
Market Application: Medical: ____ Bioprocessing: ____ Industrial: ____ Other: ____

How did you hear about us?

Web Search Engine (which one): _____
Customer Referral (who): _____
Advertisement (which one): _____
Tradeshaw (which one): _____
Website (which one): _____

Application General Description: (Please tell us how you intend to use our valve)

Application Specifications: (all fields are required)

Tube Manufacturer or Brand Name: _____
Tubing 1 Material: _____ Size: ID _____ OD _____ Durometer _____ (shore A)
Tubing 2 Material: _____ Size: ID _____ OD _____ Durometer _____ (shore A)
Fluid/Media Type: _____ Temp. Range: _____ - _____ / _____ °F or _____ °C
Fluid/Media Pressure or Vacuum Range: _____ - _____ / _____ PSI _____ Bar _____ mm Hg
Are you applying a vacuum? ____ Yes ____ No

(Upon Completion Please Fax or Email to Acro)

Fax: +1.925.680.8113 / Email: info@acroassociates.com



Desired Flow Rate: _____

Desired Mounting Orientation: _____ Panel _____ Base

In Non-Energized State Valve Should Be: _____ Normally Closed (our standard)
_____ Normally Opened

Maximum On Time: _____ Cycle Rate Max. _____ / _____ Per Min. or _____ Per Hr.

Pneumatic Power Source: _____ Air _____ Gas / If gas what type: _____

Available Line Pressure _____ / _____ PSI _____ Bar

Please add any other details that may be relevant:

Optional Accessories:

Pressure Venting Control Valve

Note: All of our pneumatic pinch valves require a pressure venting solenoid controller which is not supplied unless requested. We offer 3 and 4-way controllers as an accessory or customers can provide and source their own.

Do you need a controller? _____ Yes _____ No

If Yes, what type: _____ 3-way _____ 4-way / Desired Voltage: _____ 24VDC or _____ 120VAC

Position Sensing

Would you like to be able to have valve state sensing (opened/closed)? _____ Yes _____ No

If yes, what type of sensor: _____ digital hall _____ microswitch

(For digital we only offer NPN sinking output)

Available Power: _____ Voltage x _____ Amps

(standard setup for digital hall is 4-24VDC x 5-15 mA, and for microswitch is 30 VDC x 5A maximums)

Cabling and Harnessing:

Do you require any special cabling, connectors or harnessing: _____ Yes _____ No

If yes, please explain what is needed: _____

Safety and Regulatory Certifications:

Do you require any product safety or regulatory certifications: _____ Yes _____ No

If yes, please explain what is needed: _____

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