



SOLENOID APPLICATION REVIEW WORKSHEET

Contact Information:

Date (mm/dd/yr): ____/____/____

Organization: _____

Contact Person: _____ Email: _____

Title: _____ 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

Desired Flow Rate: _____

(Upon Completion Please Fax or Email to Acro)

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



Desired Mounting Orientation: _____ Horizontal _____ Vertical

(Note: Our standard supplied configuration is Normally Closed/Fail Safe)

Are you interested in tube detection: _____ Yes _____ No

(If Yes, then this requires an analog sensor/dashpot setup)

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

Available Power: _____ DC Voltage x _____ Amps

(Our Standard Recommended Setup is 24 VDC x 3 Amps)

Please add any other details that may be relevant:

Optional Accessories:

Solenoid Driver Board

Would you like Acro to supply a solenoid driver board: _____ Yes _____ No

(Note our 900R driver requires a 40-70 Watt trigger port and a 4-7 Watt hold)

Do you have any special power requirements (voltage, single power source, etc.) _____ Yes _____ No

Position Sensing

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

If yes, would you prefer a: _____ digital hall sensor or _____ analog sensor

(For digital, we only offer NPN sinking output)

Available Power: _____ Voltage x _____ Amps

Do you need to power another device? If yes, please describe: _____

Noise Control:

Does your application require noise-controlled operation: _____ Yes _____ No

_____ Poron Dampener Pad (our standard supplied, no charge)

_____ Noise Reduction Dashpot Module

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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