



**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



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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:

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### Optional Accessories:

#### Solenoid Driver Board

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

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: \_\_\_\_\_

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#### 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: \_\_\_\_\_

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#### 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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