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APPLICATION REVIEW WORKSHEET

Upon completion, please e-mail (engrs@acroassociates.com) or fax to 925-680-8113.

Company: _____
 Date: ____/____/____
 Contact: _____ E-Mail: _____
 Title or Position: _____
 Ph.: (____) _____ Fax: (____) _____
 Address: _____ City: _____ State: ____ Zip: _____
 Address (M/S): _____ Country: _____

Customer Type: OEM ____ End User ____ Distributor/Agent ____

How did you hear about us?

Trade Journal _____
 Thomas Register: Book/CD ____ Online ____ Referral by: _____
 Our Website ____ Search Engine or Source: Google ____ Yahoo ____ Other _____

Application (Brief Description):

Specifications (please complete as much information as possible):

Pinch Valve Type: Solenoid ____ Pneumatically-Operated ____
 Tubing Material: _____ Size: ID _____ OD _____ Durometer: _____
 Controlled Media (fluid): _____
 Media Temp. Range: ____ - ____ °F ____ °C ____
 Media Pressure Range: _____ - _____ PSI ____ Bar ____
 Flow Rate: _____
 Desired Mounting: Panel ____ Base ____ Other _____
 In non-energized state, valve should be: Normally-Closed ____ Normally-Open ____
 Must valve open without tubing in place? Yes ____ No ____
 Duty Cycle: _____ % Maximum On-Time: _____ Seconds ____ Minutes ____
[Duty Cycle % = [(ON time) / (ON time + OFF time)] x 100]
 Cycle Rate Nom.: ____ Per Min ____ Per Hour ____ Cycle Rate Max: ____ Per Mi. ____ Per Hour ____
 Power Available: Voltage: _____ AC _____ DC Current / Amps: _____
 Air: _____ PSI ____ Bar ____
 Is a Pulse and Hold Driver Available? Yes ____ No ____
 Is Position Feedback Required? Yes ____ No ____
 Is application noise (audible) sensitive? Yes ____ No ____

Please add any other application details that you think would assist us in specifying a valve:
