ROTO-DISC®, Inc. Application Data Sheet

PH: 1-513-871-2600 FX: 1-513-871-9013 E-MAIL: info@rotodisc.com Where did you hear about us? _____ QUOTE NUMBER (INTERNAL USE ONLY):_____ **CUSTOMER INFORMATION** CUSTOMER: DATE: PHONE: CONTACT: ADDRESS: FAX: EMAIL: MATERIAL INFORMATION (describe material going through the valve) DESCRIPTION: Particle Size Range _____ Is the Material Abrasive? Bulk Density Is the Material Sticky? Angle of Repose _____ How Does Material Flow? VALVE INFORMATION (list required features of the valve) VALVE TYPE:____ MATERIAL OF CONST:_____ QTY:____ VALVE SIZE: CYCLE FREQUENCY: cycles/ ACTUATOR AIR PRESSURE AVAILABLE: PSI ACTUATOR TYPE (indicate one): AIR, DOUBLE ACTING / AIR, SPRING RETURN / ELECTRIC / MANUAL HANDLE / MANUAL HAND WHEEL SOLENOID REQUIRED?: ____ IF YES, WHAT VOLTAGE? ____ WHAT NEMA RATING?:____ OPEN / CLOSED POSITION INDICATION REQUIRED?: _____ IF YES, WHAT NEMA RATING?:____ INTERNAL POLISH NEEDED? _____ 120-150 GRIT (SATIN)_____ 180-220 GRIT (GLOSS)_____ 280-320 GRIT (MIRROR) _____ ELECTRO-POLISH_____ WILL THE VALVE BE USED TO CONTOL MATERIAL FLOW (DRIBBLE-FEED)? WILL THIS VALVE REPLACE AN EXISTING VALVE OR IS IT FOR A NEW PROCESS? ADDITIONAL VALVE **REQUIREMENTS:_** APPLICATION SKETCH (please sketch equipment above and below the valve) Pressure Above Valve: Temperature Above Valve: _____

Revision - 1/27/10

Pressure Below Valve:

Temperature Below Valve: _____