

Application Check List for Extended-Torque Pneumatic Actuators Keystone Controls, Inc.

Date	Req Delivery	Agent
End User		Actuator Competition
Project		Valve Competition

VALVE DATA	CONTROL COMPONENT DATA
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Quantity	Size	Class	KCI to Supply?	<input type="checkbox"/> Yes	KCI to Mount?	<input type="checkbox"/> Yes		
			<input type="checkbox"/> No			<input type="checkbox"/> No		
Type	<input type="checkbox"/> Ball	<input type="checkbox"/> Plug	Control Valve	<input type="checkbox"/> Solenoid	<input type="checkbox"/> Air Pilot	<input type="checkbox"/> Manual		
	Keystone Figure #			Voltage	<input type="checkbox"/> AC	<input type="checkbox"/> DC		
Stem	Diameter	Height		Pilot Pressure	Minimum		psig	
	Key Size				Maximum		psig	
Torque	Seating	lb. in.		Configuration	<input type="checkbox"/> Spring Return	<input type="checkbox"/> Manual Reset		
	Unseating	lb. in.			<input type="checkbox"/> Double Solenoid or Double Pilot			
	Dynamic	lb. in. at °			<input type="checkbox"/> Electric	<input type="checkbox"/> Pneumatic		
	Safety Factor Included?	<input type="checkbox"/> No			Voltage	<input type="checkbox"/> AC	<input type="checkbox"/> DC	
	<input type="checkbox"/> Yes			Supply Pressure	psi			
ACTUATOR DATA								
Service	<input type="checkbox"/> On/Off		<input type="checkbox"/> Modulating					
Function	<input type="checkbox"/> Double Acting		<input type="checkbox"/> Fail Close					
	<input type="checkbox"/> Fail in Last Position		<input type="checkbox"/> Fail Open					
Operating Speed	Minimum							
	Maximum							
Ambient Temp. ° F or ° C								
KCI to Adapt?	<input type="checkbox"/> Yes		KCI to Mount?	<input type="checkbox"/> Yes				
	<input type="checkbox"/> No			<input type="checkbox"/> No				
Orientation	Actuator	<input type="checkbox"/> Parallel		<input type="checkbox"/> Perpendicular				
	Valve	<input type="checkbox"/> Vertical		<input type="checkbox"/> Horizontal				
	Pipe	<input type="checkbox"/> Vertical		<input type="checkbox"/> Horizontal				
Supply	Media	<input type="checkbox"/> Air <input type="checkbox"/> Water <input type="checkbox"/> Gas						
	Pressure	Minimum		psig				
		Maximum		psig				
Manual Override?	<input type="checkbox"/> Yes							
	<input type="checkbox"/> No							
Positioner								
Control Component(s) Enclosure Ratings								
Additional Accessories								
Comments								
Air Reservoir Tank	No. of Strokes Required							
	<input type="checkbox"/> Mounted on Actuator		<input type="checkbox"/> Separate					
	Material							
Special Paint	<input type="checkbox"/> ASME Rated?		<input type="checkbox"/> Yes <input type="checkbox"/> No					



Fax

To: Centro, Inc.	From:
Fax: 901-357-1379	Pages:
Phone: 800-344-3286	Date:
Re:	CC:

Please fill out this specification form and fax to one of the three locations:

Memphis: 901-357-1379

Little Rock: 501-835-2277

Nashville: 615-255-2212