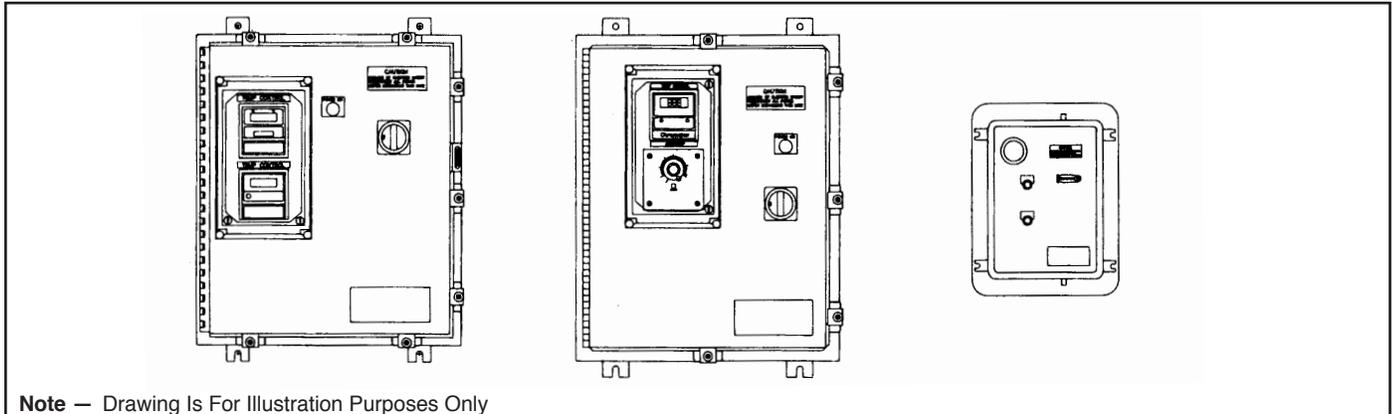


## Specification Data Sheet Power Control Panels

Form PK301

Customer Name: \_\_\_\_\_ Reference No.: \_\_\_\_\_  NEW Date: \_\_\_\_\_



<i>Application</i>	<i>Technical Specifications (Check All That Apply)</i>
<b>1. APPLICATION DETAILS:</b>	<b>1. STANDARD PANEL TO BE USED (Refer to Panel Selection Guide):</b> <input type="checkbox"/> Yes, Model No.: _____ <input type="checkbox"/> No With exceptions to standard panel as noted below
<b>2. HEATED MEDIUM (Specify):</b> <input type="checkbox"/> Gas <input type="checkbox"/> Liquid <input type="checkbox"/> Solid	<b>2. POWER SWITCH DEVICE:</b> <input type="checkbox"/> SCR, SCR Type: <input type="checkbox"/> Phase Angle <input type="checkbox"/> Zero-Cross <input type="checkbox"/> 2 leg <input type="checkbox"/> 3 leg <input type="checkbox"/> Contactor, qty. _____ <input type="checkbox"/> SCR trim stages required
<b>3. PROCESS TEMPERATURE:</b> _____ °F If Circulation Heater, flow rate is <input type="checkbox"/> Constant <input type="checkbox"/> Variable NOTE: NEMA1 will be quoted if not otherwise specified	<b>3. SHUTDOWN DEVICE ON SCR PANELS:</b> <input type="checkbox"/> Contactor (Required for Remote On/Off Capability) <input type="checkbox"/> Shunt Trip Disconnect (Must be reset locally)
<b>4. HEATER DETAILS:</b> Heater Model No.(s) (if available) _____	<b>4. TEMPERATURE CONTROL ZONE(S):</b> No. Zones _____ kW per Zone _____
<b>5. HEATER AREA CLASSIFICATION:</b> <input type="checkbox"/> Hazardous <input type="checkbox"/> Non-hazardous Total Power Rating: Volts _____ Phase <input type="checkbox"/> 1 <input type="checkbox"/> 3 kW Number of Circuits: _____ Rating Per Circuit: _____ kW	<b>5. TEMPERATURE CONTROLLER:</b> <input type="checkbox"/> Yes, Model No.: _____ Sensor Type: _____ <input type="checkbox"/> No, Customer control signal (specify type) _____
<b>Enclosure Requirements</b>	<b>6. OVERTEMPERATURE CONTROLLER(S):QTY:</b> <input type="checkbox"/> Yes, Model No.: _____ Sensor Type: _____ <input type="checkbox"/> No, Customer control signal (specify type) _____
<b>1. ENCLOSURE SPACE LIMITATIONS (If any, specify):</b>	<b>7. AGENCY APPROVALS:</b> <input type="checkbox"/> None <input type="checkbox"/> UL <input type="checkbox"/> Other (Specify) _____
<b>2. INSTALLATION ENVIRONMENT:</b> <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/> Direct Sunlight <input type="checkbox"/> Hosedown <input type="checkbox"/> Hazardous Class _____ Div _____ Group _____	<b>8. MAIN DISCONNECT:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Special Requirement
<b>3. ENCLOSURE NEMA RATING (Indicate acceptable NEMA ratings):</b> <input type="checkbox"/> NEMA12 (Ventilation reduces to NEMA1) <input type="checkbox"/> NEMA4X <input type="checkbox"/> NEMA4X Stainless Steel <input type="checkbox"/> NEMA4 w/purge <input type="checkbox"/> NEMA4X w/purge <input type="checkbox"/> NEMA7/4 NOTE: NEMA1 will be quoted if not specified.	<b>9. SPECIAL FEATURES (Check All That Apply):</b> <input type="checkbox"/> Load Fusing <input type="checkbox"/> Load Circuit Breakers <input type="checkbox"/> On/Off Switch <input type="checkbox"/> Ammeter <input type="checkbox"/> Voltmeter <input type="checkbox"/> GFI w/reset pushbutton <input type="checkbox"/> Enclosure Heater <input type="checkbox"/> Z-Purge <input type="checkbox"/> X-Purge <input type="checkbox"/> Partial Load Failure Indication <input type="checkbox"/> Shorted SCR Detection <input type="checkbox"/> Current Transmitter <input type="checkbox"/> Floorstand <input type="checkbox"/> Panel Lighting <input type="checkbox"/> Pilot Lights, Specify _____ <input type="checkbox"/> Audible Alarm, Specify _____ <input type="checkbox"/> Dry Contact Output, Specify _____ <input type="checkbox"/> Other, Specify _____
<b>4. AMBIENT TEMPERATURES:</b> _____ °F Min _____ °F Max	
<b>5. CORROSIVE ENVIRONMENT:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes, Specify _____	
<b>Customer Specification(s)</b>	
<input type="checkbox"/> None <input type="checkbox"/> Attached	
<input type="checkbox"/> Will Email <input type="checkbox"/> Will Fax <input type="checkbox"/> Will overnight	
<input type="checkbox"/> Use Specification on file, number _____	

**Additional Notes:**