



Phoenix Associates

QUESTIONNAIRE

Application Description:

Anticipated Annual Usage: _____

Maximum Operating Temperature: _____ F or _____ C

Electrical Operations: _____

Leakage Requirements: _____

Flange Seal: _____

Rubber Valves: _____

Locktite: _____

Gasket Style

Flat Gasket: _____

O-Ring: _____

U-Seal: _____

Main Valve Style

Sleeve: _____

Reverse Poppet: _____

Metal: ____

Soft: ____

Pilot: ____

Rubber Coated: _____

Spring Loaded vs. Stationary: _____

Weld vs. Press Fit: _____

Dimensional Limitations: ____

Qualification Requirements: ____

Duty Cycle: _____

Life Requirements/Service Interval: _____

Element Type: _____

Flat Diaphragm: _____

Squeeze-Push: _____

Please fill out and fax back to 440-543-4148 or email to sjanda@phoenixassocites.com

Please include company name and contact info.....Standby for automated version of this form.