

**Pipe Tracing System Design Checklist**

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| --- | --- | --- | --- |
| **Contact Name:**  |       | **Telephone Number:**  |       |
| **Company Name:**  |       | **Fax:**  |       |
| **Address:**  |       |
| **Application:**  |       |
| **Type of Industry:**  |       |
| **A. PIPE SPECIFICATIONS**  |
| **Diameter:**  |       | **Length:**  |       |
| **Material:**  |       | **Wall Type:** | [ ]  Single [ ]  Double  |
| **Insulation Type:**  | [ ]  Fiberglass [ ]  Calcium Silicate  | [ ]  Urethane Foam [ ]  Mineral Fiber  |
|  | [ ]  Foamed Glass [ ]  Per Lite  | [ ]  Other: |       |
| **Insulation Thickness:** |       |  |
| **How Many:** | Valves |       | Flanges |       | Supports |       | Pumps |       |  |
|  | 45° Elbows |       | 90° Elbows |       | Tee’s |       |  |  |  |
| **B. LOCATION**  |
| **Pipe location:** | [ ] Indoors | [ ] Outdoors | **If outdoors what is the wind speed:** |       |
| **Minimum ambient temperature:** |       |  |  |
| **Area Classification:** | [ ] Ordinary | [ ] Hazardous | Approval Requirements:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **C. PRODUCT SPECIFICATIONS**  |
| **Product Name:**  |       | **Specific Heat:**  |       |
| **Max/Min Exposure temps:** |       | **Density:** |       |
| **Corrosive:** | [ ]  Yes [ ]  No  | **Flow Rate:** |       |
| **Beginning State (Solid, Liquid, or Gas):** |       | **Ending State:** |       |
| *Note: If beginning state and ending state are different, heat of fusion must be provided* |
| **D. TEMPERATURE**  |
| **Process start up temperature** |       | **Process maintenance temperature** |       |
| **Time required for heat up:** | [ ] 1 hour | [ ] 2 hours | [ ] 4 hours | [ ] 8 hours | [ ] 12 hours | [ ] 24 hours |
|  |  [ ] Other: |       |
| **E. POWER REQUIREMENTS** |
| **Operating voltage:** | [ ] 120 | [ ] 208 | [ ] 240 | [ ] 277 | [ ] 480 | [ ] Other: |       |
| **Phase:** | [ ] Single | [ ] 3 phase wye | [ ] 3 phase delta | **[ ] Circuit breaker size**: |       |
| **Customer Signature** |       | **Date:** |       |

If you have any question in completing the above checklist, please contact factory.