

**Pipe Tracing System Design Checklist**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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.