Checklist for valve inquiry, Ref:
Project:

		Tag.no.:	Tag.no.:	Tag.no.:	Tag.no.:	Tag.no.:
Valve type:	Required type (BAL, BUT, SEG)					
Application	Manual / Control / On-off					
	ATEX					
	SIL					
Pipe data:	Pipe dimension/DN					
	Pipe rating - PN/Class					
	Connection					
Process data:	Media					
	Unit					
	Flow min					
	Flow nom					
	Flow max					
	Conc. %					
	Dryness %					
	Density kg/m3					
	Temp ^{0}C					
Inlet preessure:	Unit (g)					
	Min					
	Nom					
	Max					
Outlet pressure:	Min					
	Nom					
	Max					
Shut off pressure:	Max					
Pneumatic Actuator:	Supply air, bar					
	Acting, DA, SC, SO:					
	Time requerments, sec.					
	Special requirements:					
Electrical Actuator:	Voltage, V					
	Frequency, Hz					
	Time requerments, sec:					
	Special requirements:					
Accessories:	Positioner type:					
	Signal:					
	Option:					
	Limit switch type:					
	Voltage					
	Wire					
	Option					
	Solenoid valve type:					
	Voltage					

	Option					
Remarks/special requirements						
Required delivery time from Somas:						
Required quotation date:						