



## Apex Industrial Solutions, Inc.

113 Chelsea Rd, Monticello, MN 55362  
763-777-9525  
Sales@ApexSolutionsMN.com  
www.ApexSolutionsMN.com

|          |  |                |  |
|----------|--|----------------|--|
| CUSTOMER |  | DATE           |  |
| PHONE #  |  | EMAIL          |  |
| COMPANY  |  | PLANT LOCATION |  |
| PROJECT  |  |                |  |

|                 |                                                                                                            |                                                 |                                                    |                                    |
|-----------------|------------------------------------------------------------------------------------------------------------|-------------------------------------------------|----------------------------------------------------|------------------------------------|
| Type            | <input type="checkbox"/> 2-Piece                                                                           | <input type="checkbox"/> 3-Piece                |                                                    | <input type="checkbox"/> Flanged   |
|                 | <input type="checkbox"/> Trunnion Style                                                                    | <input type="checkbox"/> Wafer                  |                                                    | <input type="checkbox"/> Other     |
| Size            | <input type="checkbox"/> 1/8" to 12" Floating Design                                                       |                                                 | <input type="checkbox"/> 2" to 72" Trunnion Design |                                    |
| Body Material   | <input type="checkbox"/> Brass                                                                             | <input type="checkbox"/> Bronze                 |                                                    | <input type="checkbox"/> Cast Iron |
|                 | <input type="checkbox"/> Carbon Steel                                                                      | <input type="checkbox"/> Inconvel               |                                                    | <input type="checkbox"/> Hastelloy |
|                 | <input type="checkbox"/> Stainless Steel (CF8M)                                                            |                                                 | <input type="checkbox"/> Other                     |                                    |
| End Connections | <input type="checkbox"/> NPT: Brass, Bronze, Carbon Steel, Stainless Steel, Alloys                         |                                                 |                                                    |                                    |
|                 | <input type="checkbox"/> ANSI 125 - 250 Cast Iron                                                          |                                                 |                                                    |                                    |
|                 | <input type="checkbox"/> ANSI 150 - 2,500 Carbon Steel, Stainless Steel, Hastelloy, Inconcel, Duplex, etc. |                                                 |                                                    |                                    |
| Seats           | <input type="checkbox"/> TFM                                                                               | <input type="checkbox"/> PTFE                   |                                                    | <input type="checkbox"/> RPTFE     |
|                 | <input type="checkbox"/> 25% Carbon Filled Teflon                                                          | <input type="checkbox"/> 50/50 Stainless Teflon |                                                    | <input type="checkbox"/> PEEK      |
|                 | <input type="checkbox"/> Nylon                                                                             | <input type="checkbox"/> Delrin                 |                                                    | <input type="checkbox"/> Kel-F     |
| Manual          | <input type="checkbox"/> Lever Handle                                                                      |                                                 | <input type="checkbox"/> Gear Op                   |                                    |
| Options         | <input type="checkbox"/> Mounting Bracket and Coupler                                                      |                                                 | <input type="checkbox"/> Stem Extension            |                                    |
|                 | <input type="checkbox"/> Media Containment Device                                                          |                                                 | <input type="checkbox"/> Direct Mount              |                                    |



## OPERATION

|      |                                 |                                   |
|------|---------------------------------|-----------------------------------|
| Type | <input type="checkbox"/> Manual | <input type="checkbox"/> Actuated |
|------|---------------------------------|-----------------------------------|

## IF MANUAL

|      |                                       |                                                                                    |
|------|---------------------------------------|------------------------------------------------------------------------------------|
| Type | <input type="checkbox"/> Lever Handle | <input type="checkbox"/> Gear Operated (Lever Handle under 6", 6" + Gear Operated) |
|------|---------------------------------------|------------------------------------------------------------------------------------|

## IF ACTUATED

|      |                                   |                                     |               |                                        |                                        |
|------|-----------------------------------|-------------------------------------|---------------|----------------------------------------|----------------------------------------|
| Type | <input type="checkbox"/> Electric | <input type="checkbox"/> Pneumatic* | *If Pneumatic | <input type="checkbox"/> Spring Return | <input type="checkbox"/> Double Acting |
|------|-----------------------------------|-------------------------------------|---------------|----------------------------------------|----------------------------------------|

## IF ACTUATED ELECTRICALLY

|      |                                 |                                     |
|------|---------------------------------|-------------------------------------|
| Type | <input type="checkbox"/> On/Off | <input type="checkbox"/> Modulating |
|------|---------------------------------|-------------------------------------|

|                |                               |                             |                  |                              |                               |                               |
|----------------|-------------------------------|-----------------------------|------------------|------------------------------|-------------------------------|-------------------------------|
| Solenoid Valve | <input type="checkbox"/> Yes* | <input type="checkbox"/> No | *If Yes, Voltage | <input type="checkbox"/> 24V | <input type="checkbox"/> 120V | <input type="checkbox"/> 240V |
|----------------|-------------------------------|-----------------------------|------------------|------------------------------|-------------------------------|-------------------------------|

|              |                              |                             |            |                              |                             |           |  |
|--------------|------------------------------|-----------------------------|------------|------------------------------|-----------------------------|-----------|--|
| Limit Switch | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Mechanical | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Proximity |  |
|--------------|------------------------------|-----------------------------|------------|------------------------------|-----------------------------|-----------|--|

|                                           |                                                                                            |
|-------------------------------------------|--------------------------------------------------------------------------------------------|
| Enclosure Rating on Solenoid/Limit Switch |                                                                                            |
| NEMA                                      | <input type="checkbox"/> NEMA 4/4X (Outdoor and Washdown Approved)                         |
|                                           | <input type="checkbox"/> NEMA 7 (Intrinsically Safe - Anti-Sparking)                       |
|                                           | <input type="checkbox"/> NEMA 9 (Explosion Proof - Prevents Flames from Exiting Enclosure) |

|            |                                    |                                           |                      |                                   |                                  |
|------------|------------------------------------|-------------------------------------------|----------------------|-----------------------------------|----------------------------------|
| Positioner | <input type="checkbox"/> Pneumatic | <input type="checkbox"/> Electropneumatic | Air Filter Regulator | <input type="checkbox"/> Required | <input type="checkbox"/> Desired |
|------------|------------------------------------|-------------------------------------------|----------------------|-----------------------------------|----------------------------------|

## IF ON/OFF

|           |                                 |                                  |                                    |                        |                              |                             |
|-----------|---------------------------------|----------------------------------|------------------------------------|------------------------|------------------------------|-----------------------------|
| Type      | <input type="checkbox"/> 24V    | <input type="checkbox"/> 120V    | <input type="checkbox"/> 240V      | Heater                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Fail Safe | <input type="checkbox"/> Spring | <input type="checkbox"/> Battery | <input type="checkbox"/> Capacitor | End of Travel Switches |                              |                             |

## IF MODULATING

|                   |                                  |                                   |                                    |                                  |                                     |                             |
|-------------------|----------------------------------|-----------------------------------|------------------------------------|----------------------------------|-------------------------------------|-----------------------------|
| Type              | <input type="checkbox"/> 4-20 mA | <input type="checkbox"/> 0-10 VDC | <input type="checkbox"/> Other     | Heater                           | <input type="checkbox"/> Yes        | <input type="checkbox"/> No |
| Feedback Required | <input type="checkbox"/> Yes*    | <input type="checkbox"/> No       | *If Yes, Signal                    | <input type="checkbox"/> 4-20 mA | <input type="checkbox"/> 0 - 10 VDC |                             |
| Fail Safe         | <input type="checkbox"/> Battery | <input type="checkbox"/> Spring   | <input type="checkbox"/> Capacitor |                                  |                                     |                             |

### • Notes:

|  |
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|  |
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CUSTOMER PRINTED NAME

CUSTOMER SIGNATURE

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