



Customer Name : \_\_\_\_\_

Customer Number : \_\_\_\_\_

Date : \_\_\_\_\_ Completed By: \_\_\_\_\_

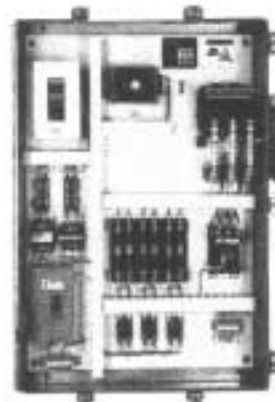
**Power Control Panel Product Data Sheet**

Quantity: \_\_\_\_\_

Approval drawing required

Part Number: \_\_\_\_\_ A/E: \_\_\_\_\_

<b>PANEL SPECIFICATIONS:</b>		8. Temperature Control:	
1. Enclosure Size Limitations (Inches): Height: _____ Depth: _____ Width: _____		Model No: _____ Other: _____	
2. Enclosure Type: Nema XII Std. <input type="checkbox"/> Nema IV <input type="checkbox"/> Nema IVX <input type="checkbox"/> Other: _____		9. Latching Device: Contactor <input type="checkbox"/> Shunt Trip Disconnect (Std for 100A & above) <input type="checkbox"/>	
3. Disconnect: Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes: Circuit Breaker <input type="checkbox"/> Fused <input type="checkbox"/>		10. Agency Approval: None <input type="checkbox"/> U.L. Listed <input type="checkbox"/> Other (Specify): _____	
4. Control Panel Input Voltage: _____ Phase: _____		11. Other Special Features (Check all that apply): Ammeter <input type="checkbox"/> Audible Alarm <input type="checkbox"/> Floor Mounting <input type="checkbox"/> Load Fusing <input type="checkbox"/> Off / On Load Switches <input type="checkbox"/> FM High Limit Control <input type="checkbox"/> Power Indicating Light <input type="checkbox"/> Load Indicating Light <input type="checkbox"/> Wall Mounting <input type="checkbox"/> Other: _____	
5. Heating Load Information: Heater Model No. (If Available): _____ Total Power Rating: kW: _____ Volts: _____ Phase: _____ No. of Circuits: _____ No. of Elements/Circuit: _____ Rating / Circuit: kW: _____ Volts: _____ Phase: _____		<b>OPERATING CONDITIONS:</b>	
6. Power Switch Device: SSR <input type="checkbox"/> SCR <input type="checkbox"/> Contactor <input type="checkbox"/> If SSR or SCR Specify : 2 Leg <input type="checkbox"/> or 3 Leg <input type="checkbox"/> and Zero Fired <input type="checkbox"/> or Phase Fired <input type="checkbox"/>		A. Application (Describe in detail): _____	
7. Temperature Control Zones: No. of Zones: _____ Watts / Zone: _____ Volts /Phase / Zone: _____		B. Process Temperature: _____ °F ± _____ °F C. Ambient Temperature: _____ °F D. Installation Environment: Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/>	



Note: Pictures are for Illustration Purposes Only

Please use the current Ogden catalog when completing this product data form.

8/00 rjl