



SOUTHEAST THERMAL SYSTEMS

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Customer Name: _____
Completed by: _____ Date: _____
Contact Number: _____ Quantity: _____
Job Number: _____ Part Number: _____
Approval Drawing Required

Power Control Panel Application Worksheet

Panel Specification:		Temperature Control:	
Enclosure Size Limitations (inches): Height: _____ Depth: _____ Width: _____		Model Number: _____ Other: _____	
Enclosure Type: Nema XII Std. <input type="checkbox"/> NEMA IV <input type="checkbox"/> NEMA IVX <input type="checkbox"/> Other: _____		Latching Device: Contactor <input type="checkbox"/> Shunt Trip Disconnect (Std for 100A & above) <input type="checkbox"/>	
Disconnect: Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes: Circuit Breaker <input type="checkbox"/> Fused <input type="checkbox"/>		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 <input type="checkbox"/> Load Indicating <input type="checkbox"/> Wall Mounting: <input type="checkbox"/> Other: _____	
Control Panel Input Voltage: _____ Phase: _____		OPERATION CONDITIONS:	
Heating Load Information: <input type="checkbox"/> <input type="checkbox"/> Heater Model No. (If Available): _____ Total Power Rating: kW: _____ Volts: _____ Phase: _____ No. of Circuits: _____ No. of Elements/circuits _____ Rating / Circuit: kW: _____ Volts: _____ Phase: _____		Application (Describe in detail) : _____ _____ _____ Process Temperature: _____ °F ± _____ °F Ambient Temperature: _____ °F Installation Environment: Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/>	
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"/>			
Temperature Control Zones: No. of Zones: _____ Watts / Zone: _____ Volts _____ Phase: _____ Zone: _____			

PLEASE EMAIL TO SALES@SE THERMAL.COM OR FAX TO STS AT 704-399-4167

