

CUSTOMER SUBMITTED BY:	Custom Manifold Specifications and Operating Parameters
PROJECT TITLE SUBMITTED XX/YY/ZZ	A hydraulic schematic must
CUSTOMER REVIEWED NUMBER PHONE NUMBER REVIEWED ADDRESS JMG QUOTE	 A hydrault schematic must accompany this form. The schematic must have the following elements 1. Function symbols 2. Pressure and flow ranges for each symbol (include allowable psi drops) 3. Port designations (label, size & type) 4. Valve labels (if required) 5. BOM with major components For assistance, an example schematic is included at the end of this form.
1. Environmental Conditions AMBIENT TEMPERATURE MIN. ° F MAX. ° F Location Inside Outside Washdown Yes No ADDITIONAL COMMENTS COMMENTS MAX. Vashdown Washdown Yes No	
2. Maximum Pressure (PSI) 3. Maximum Flow Rates MAX. PSI ADDITIONAL COMMENTS PORT P	GPM
4. Fluid Media 5. Fluid Temperature Range TYPE GRADE BRAND START ADDITIONAL OPERATING COMMENTS ADDITIONAL	∝ °F ∽F
6. Manifold Material	
Aluminum (6061-T6) GRADE Ductile (65-45-12) OTHER Steel (1018CD or 11L17) OTHER Other ADDITIONAL COMMENTS Steel (1018CD or 11L17) OTHER	Material Notes 1.Aluminum 6061-T6 is rated for
7. Manifold Surface Treatment None Paint (ASA #49 Gray – STD) COLOR Enter specific color number and manufacturer name Anodizing (Aluminum only) Black Phosphate (Steel & Ductile) Other Anodized Aluminum Aluminum coated with a layer of aluminum oxide by an anodic process in a suitable electrolyte such as chromic acid or sulfuric acid. Black Phosphatizing = Black Oxide Zinc Plating (Steel & Ductile) ADDITIONAL ADDITIONAL ADDITIONAL COMMENTS	 3000PSI maximum pressure. 2.Ductile, Steel & Stainless Steel is rated for 6000PSI maximum pressure. 3.The preferred material for manifolds that will be welded is Steel 1018CD.
8. Component Specification Specific Manufacturer ADDITIONAL COMMENTS	



Manifold Request Form

9. Envelope Dimensions (COMPLETE ASSEMBLY) None (Determine layout during design) ADDITIONAL COMMENTS	See chart to right WIDTH DEPTH INCHES HEIGHT (H) INCHES	
10. Preferred Location for Ports, Mounting holes, Valves, etc.	Indicate if Indicate if Indic	
PORT LABEL TYPE BOTTOM I BOTTOM I BOTTOM I BOTTOM I BACK I L L L L L L L L L L L L L L L L L L	. .	
12. Are Mating Flanges or Fittings Required? No Other – Specify Yes ADDITIONAL COMMENTS	13. Is This a Single Project? ANNUAL 1ST Year YEAR Yes PROJECT REQUIRED DELIVERY DATE FOR XX/YY/ZZ ADDITIONAL FIRST PRODUCTION SHIPMENT:	
14. Is a Proto-Type Required? No Yes REQUIRED XX/YY/ZZ REQUIRES APPROVAL DRAWING ADDITIONAL No COMMENTS Yes	15. Test Requirements Pressure leak test Adjust valve(s) to specific settings per the hydraulic schematic ADDITIONAL COMMENTS	
16. Documentation Requirements Approval drawing (after receipt of PO) Hydraulic schematic Installation drawing (after receipt of PO) Test procedures & documentation		



Schematic Example

