



Watson McDaniel Company
428 Jones Boulevard
Limerick Airport Business Center
Pottstown, PA 19464
Phone: (610) 495-5131
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REQUEST FOR RETURN AUTHORIZATION

- Return Authorization Number will be issued upon receipt of this completed questionnaire.
Please submit form to the appropriate Sales Representative or Application Engineer via fax or e-mail.
Should material be found not to be defective, an Evaluation Fee of \$50 (US) shall be applied.
Once assigned, the Return Number MUST be indicated on packaging or material shall be returned.

Customer/Contact Information

Distributor: \_\_\_\_\_ Company Name: \_\_\_\_\_
Sales Rep: \_\_\_\_\_ Contact: \_\_\_\_\_
Original P.O. Number: \_\_\_\_\_ Phone/Fax #: \_\_\_\_\_
Original Invoice: \_\_\_\_\_ E-mail: \_\_\_\_\_

Product Information

Part Number: \_\_\_\_\_ Serial #: \_\_\_\_\_
Size and Quantity: \_\_\_\_\_ Range (prs/tmp): \_\_\_\_\_

Application Information

Date of Installation: \_\_\_\_\_ Length of Service: \_\_\_\_\_
Medium: [ ] Steam [ ] Water [ ] Air [ ] Other: \_\_\_\_\_ Flow Rate: \_\_\_\_\_
Operating Pressure & Temperature: \_\_\_\_\_ Discharge Conditions: \_\_\_\_\_
Design Pressure & Temperature: \_\_\_\_\_ Return Pressure: \_\_\_\_\_ Lift (ft.) \_\_\_\_\_

Additional Information

Pressure Regulators Temperature Regulators
Inlet pressure & temperature \_\_\_\_\_ Desired control temp: \_\_\_\_\_
Desired outlet pressure: \_\_\_\_\_ Actual: \_\_\_\_\_

- Is there a drip leg & trap before the regulator? [ ] No [ ] Yes Drip leg size: \_\_\_\_\_ Type trap & size: \_\_\_\_\_
Is there a strainer upstream of our product? [ ] No [ ] Yes
Is there a modulating steam control valve feeding the equipment being trapped? [ ] No [ ] Yes
If yes, the steam pressure is \_\_\_\_\_ psig, and the supply line size is \_\_\_\_\_.
Is there any lift and/or back pressure that the trap has to discharge against? [ ] No [ ] Yes
If yes, lift is \_\_\_\_\_ feet, and back pressure is \_\_\_\_\_ psig.
Was the equipment exposed to any corrosive/hazardous fluids? [ ] No [ ] Yes
If yes, the fluid name MUST be disclosed and an appropriate MSDS be supplied prior to evaluation.

Reason for Return/Description of Problem

How long has this problem existed? \_\_\_\_\_
Is this a new application? [ ] No [ ] Yes
Describe problem: \_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

On a separate piece of paper, please provide a diagram of the installation showing piping configuration and any other equipment that is up stream and down stream of our product.