



Engineered Fixed Gas Detection System Application Survey

The following information is necessary to provide you with our best solutions for your gas monitoring needs.

All of the information provided will be considered as confidential and handled accordingly.

Name: _____ Company: _____
 Title: _____ Address: _____
 Phone: _____ City: _____
 Fax: _____ State/Prov: _____ Postal Code: _____
 Email: _____ Country: _____ Date: _____
 Project Name: _____ Reference Number: _____ Project Location: _____

Please give us a brief explanation of your application. Use additional pages if required and include a drawing if possible.

Sensors/Transmitters

1 Please Check: New Application Replacing Existing # Wires available _____

2 Please Check: Gases required

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PPM	PPM	%	%	PPM	PPM	PPM	PPM	PPM	PPM	PPM	PPM	PPM	%	%
CO	H ₂ S	LEL	O ₂	NO ₂	NO	ClO ₂	Cl ₂	HCl	HCN	SO ₂	PH ₃	NH ₃	CO ₂	CH ₄

Other (Please explain) _____

Wired or Telemetry? _____

Distance? _____



3 Will the sensors see continuous or intermittent exposure to the target gas? Intermittent Continuous

4 What other gases may be present in this area?

Note: Some gases may cause a cross interference

Gas	Concentration	Gas	Concentration
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5 What type of power do you have available? 12 VDC 24 VDC 115 VAC 220 VAC None

6 What is the temperature where the transmitters (sensors) would be located? Min° F Max°F

7 What is the source of the gas you wish to monitor?

8 What agency approvals are required for your sensors?

9 What is the area classification where the sensors will be located? (please check all that apply):
 Non – Hazardous, Class 1 Division 1, Group A B C D Other

10 Where will the sensors be located? Ceiling Breathing Zone Floor

11 What is the Relative Humidity (%) in the area where the (sensors) will be located? Min. % Max. %

12 Is there any possibility of Radio Frequency Interference (RFI)? NO YES
 If yes, what is the source?

13 Are there any other materials that could interfere with operation of the sensors such as dust, EMI, steam traps, cleaning agents, or wash down chemicals?

NO YES
 If yes please explain

14 Do you require ModBus or an on-board Relay Card? NO YES
 Can only have one “top hat” selection per transmitter.



System PLC-Controllers

- 15 Do you require a control device? NO YES
- 16 Are you going to connect to a Controller, PLC or DCS? NO YES
If yes, please explain _____
- 17 Do you plan to expand your system in the future? NO YES
- 18 What is the temperature where the PLC-Controller will be located? _____ Min° F _____ Max° F
- 19 What is the classification of the area where the PLC-Controller will be located? (please check all that apply):
 Non – Hazardous, Class 1 Division 1, Group A B C D Other
- 20 What is the distance that a transmitter (sensors) would be from the PLC-Controller? Wired or Telemetry (W/T)? _____ Min. _____ Max
- 21 Are there any other signals you would like to take into the PLC- (flow, temperature, intrusion, etc.)? Wired or Telemetry (W/T)? NO YES
If yes, please explain _____

Accessories and Options

- 22 Do you require remote audible alarms? (W/T) NO YES If yes, please explain _____
- 23 Do you require remote visual alarms? (W/T) NO YES If yes, please explain _____
- 24 What is the classification of the area where the remote alarms will be located? (please check all that apply):
 Non – Hazardous, Class 1 Division 1, Group A B C D Other
- 25 Do you require Data Logging? NO YES



26 Do you require calibration NO YES
equipment?

27 Will you require system start-up and commissioning? NO YES

28 Are you interested in quarterly or semi-annual system field service? NO YES

PLEASE INDICATE THE PRIORITY LEVEL OF YOUR REQUEST FOR MANUFACTURING AND QUOTATION

29 What is your timeframe for a purchase decision? Days _____ Weeks _____ Months _____

30 What is your expected delivery after your purchase decision? _____

31 Response Time Frame: 24 - 48 hours (Business hours) 48 - 72 hours (Business hours)
 72+ hours (Business hours)

Signature: _____ Name (print): _____

Date: _____

Please provide a copy of any Terms and Conditions clause(s) related to this project.