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**Technical Questionnaire**

Please fill in this questionnaire as complete as possible. It will help for quoting you an analyser system in a short time.

**Customer:**

Company: \_\_\_\_\_ Contact person: \_\_\_\_\_

Department: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Signature: \_\_\_\_\_ e-mail: \_\_\_\_\_

**Sample gas composition:**

Component	Concentration			Unit	Measu		Remark
	min.	norm.	max.		Yes	No	
$\Sigma$		100		%			

Is the sample gas toxic?  Yes  No

Process description: \_\_\_\_\_

Corrosive/reactive components: \_\_\_\_\_

Suitable materials: \_\_\_\_\_

Fuel type: \_\_\_\_\_

Parameters of sample point (circle appropriate unit)						
Temperature ( °F °C )	Min:		Norm:		Max:	
Density ( kg/ m <sup>3</sup> lb/dscf )	Min:		Norm:		Max:	
Pressure ( psi in. H <sub>2</sub> O in. Hg)	Min:		Norm:		Max:	
Dew point (°C)	Min:		Norm:		Max:	
Particulate loading (mg/ m <sup>3</sup> )	Min:		Norm:		Max:	
Gas velocity (m/s)	Min:		Norm:		Max:	
Flange Ø		Orientation		Breaching depth (in)		
Explosive environment <input type="radio"/> Yes <input type="radio"/> No      if yes, class:						

Parameters of sample return (circle appropriate unit)						
Temperature ( °F °C )	Min:		Norm:		Max:	
Pressure ( psi in. H <sub>2</sub> O in. Hg)	Min:		Norm:		Max:	
Explosive environment <input type="radio"/> Yes <input type="radio"/> No      if yes, which:						

Mounting place:						
<input type="radio"/> Indoor <input type="radio"/> Outdoor						
Ambient temperature (°C)	Min:		Norm:		Max:	
Relative humidity (%)	Min:		Norm:		Max:	
Ex- Zone <input type="radio"/> Yes <input type="radio"/> No      if yes, class:						
Distance: Sample probe - Analyzer ( m ft ):						

Additional information:						
Electricity:						
Pressure air:						
Pressure nitrogen:						

Design:						
Output signals:						
Required T <sub>90</sub> time:						
Required protection class:						
Required Explosive protection:						
Auto Calibration <input type="radio"/> Yes <input type="radio"/> No						
Position sample gas line <input type="radio"/> Top <input type="radio"/> Bottom <input type="radio"/> Left <input type="radio"/> Right						
Position power supply/ output signals <input type="radio"/> Top <input type="radio"/> Bottom <input type="radio"/> Left <input type="radio"/> Right						

<b>Service:</b>		
Do you desire on-site assembly of the system?	<input type="radio"/> Yes	<input type="radio"/> No
Do you desire initial operation ?	<input type="radio"/> Yes	<input type="radio"/> No
Do you desire to enter a service contract?	<input type="radio"/> Yes	<input type="radio"/> No

<b>Mounting</b>
Regulations at the premisses:
special qualification required:
special training required:

<b>Cable specifications</b>
Indoors:
Voltage:
Signals
Outdoors:
Voltage:
Signals:

<b>Mounting equipment</b>		
Lifting platform	<input type="radio"/> Yes	<input type="radio"/> No
Ladder	<input type="radio"/> Yes	<input type="radio"/> No
Cable trays	<input type="radio"/> Yes	<input type="radio"/> No
Work shop	<input type="radio"/> Yes	<input type="radio"/> No
Person responsible on-site	<input type="radio"/> Yes	<input type="radio"/> No
Other		

<b>Time restrictions at the premisses:</b>		
Are there any time restrictions for working at the premisses?	<input type="radio"/> Yes	<input type="radio"/> No
if yes, please specify:		