# O2 Application Questionnaire

**CUSTOMER**

|  |  |
| --- | --- |
| Customer: |  |
| Location: |  |
| Contact name: |  | Customer reference: |  |
| Contact phone: |   | Email: |  |

**APPLICATION**

|  |
| --- |
| Description of application and reason for the measurement:  |
|  |
| Potential issues: |
|  |

**Gas COMPOSITION:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Component: | Conc. | Unit: | Component: | Conc. | Unit: |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Conc. = Concentration**

**SAMPLE CONDITIONS:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Factor:** | **Min:** | **Max:** | **Units:** |
| Pressure |  |  |  |
| Flow rate |  |  |  |
| Temperature |  |  |  |
| Dew point |  |  |  |

 **INSTALLATION**

|  |  |  |  |
| --- | --- | --- | --- |
| Indoors: | Select | Outdoors: | Select |
| **AREA CLASSIFICATION** |
| Body: | Select |
| Area Rating: | Gas Group / Class | Dust Group / Div | Protection Type | T Rating | IP Rating |
| Sensor: |   |   |   |   |   |
| Control Unit: |   |   |   |   |   |
| **ENVIRONMENT** |
| Temperature: | Min: |  | Max: |  | Units: | °C | °F |
| Relative Humidity (%RH): | Min: |  | Max: |  | Airborne particles: | Select |

**POWER SUPPLY**

|  |  |  |  |
| --- | --- | --- | --- |
| Voltage: | Select | If other, please specify: |  |

**UTILITIES PRESENT**

|  |  |  |  |
| --- | --- | --- | --- |
| Utility: | Present: | Range: | Units: |
| Instrument Air | Select |  | Select |
| Nitrogen | Select |  | Select |
| Steam | Select |  | Select |
| Water | Select |  | Select |

**COMBUSTION CONTROL ONLY**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Type of Fuel: | Select | Diameter of pipe / stack: |  | Cable Length: |  | Flange rating: |  |

|  |
| --- |
| Further information or sketches that help to define the application: |