

# Question & Request Form for Gas Analyzer



Using this Q. R. Form we determine your requirements to a Delta-Phase Monitoring System. Please fill in the framed panels, tick the cursive data and fax the Q. R. Form to us. Please consier that this Q. R. Form will be the basis for your order.

<b>CUSTOMER DATA</b>	Contact	_____		Date	_____													
	Company	_____																
	Address	_____																
	Phone/Fax	_____																
	Email	_____																
	End User	_____																
<b>APPLICATION DATA</b>	<b>PROCESS INFORMATION</b>	Parameters	_____															
			Note: List all Process Gases components and concentrations <input type="checkbox"/> Dry _____ <input type="checkbox"/> Wet _____															
		Process Presure	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2">Unit</th> <th>Min.</th> <th>Normal</th> <th>Max.</th> </tr> <tr> <td><input type="checkbox"/> psig</td> <td><input type="checkbox"/> Mpa</td> <td><input type="checkbox"/> Bar</td> <td><input type="checkbox"/> mmHg</td> <td></td> </tr> </table>		Unit		Min.	Normal	Max.	<input type="checkbox"/> psig	<input type="checkbox"/> Mpa	<input type="checkbox"/> Bar	<input type="checkbox"/> mmHg					
	Unit		Min.	Normal	Max.													
	<input type="checkbox"/> psig	<input type="checkbox"/> Mpa	<input type="checkbox"/> Bar	<input type="checkbox"/> mmHg														
		Process Temperature	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2">Unit</th> <th>Min.</th> <th>Normal</th> <th>Max.</th> <th>Cycling?</th> </tr> <tr> <td><input type="checkbox"/> °F</td> <td><input type="checkbox"/> °C</td> <td></td> <td></td> <td></td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> </table>		Unit		Min.	Normal	Max.	Cycling?	<input type="checkbox"/> °F	<input type="checkbox"/> °C				<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Unit		Min.	Normal	Max.	Cycling?												
	<input type="checkbox"/> °F	<input type="checkbox"/> °C				<input type="checkbox"/> Yes <input type="checkbox"/> No												
		Flow Rate	<input type="checkbox"/> None <input type="checkbox"/> Light <input type="checkbox"/> Strong    Speed _____		<input type="checkbox"/> ft/min	<input type="checkbox"/> m/s												
		Physical Values	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Density</th> <th>Clean</th> <th>With Dust</th> </tr> <tr> <td></td> <td></td> <td>mg/m3</td> </tr> </table>		Density	Clean	With Dust			mg/m3								
Density	Clean	With Dust																
		mg/m3																
	Measuring Range	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2">Unit</th> <th>Min.</th> <th>Normal</th> <th>Max.</th> </tr> <tr> <td><input type="checkbox"/> ppm</td> <td><input type="checkbox"/> mg/m3</td> <td><input type="checkbox"/></td> <td></td> <td></td> </tr> </table>		Unit		Min.	Normal	Max.	<input type="checkbox"/> ppm	<input type="checkbox"/> mg/m3	<input type="checkbox"/>							
Unit		Min.	Normal	Max.														
<input type="checkbox"/> ppm	<input type="checkbox"/> mg/m3	<input type="checkbox"/>																
	Coating	How much material build-up on sensor? _____ inches																
	Mounting	<input type="checkbox"/> Thread    Size _____ NPT <input type="checkbox"/> Flange    Size _____ Standard																
	Installation	<input type="checkbox"/> Insertion <input type="checkbox"/> Ball valve retractable <input type="checkbox"/> By pass <input type="checkbox"/> Extractive sampling																
	Area Classification	At Vessel _____ At Electronics _____ (Usually up to 150 feet from sensor)																
	What Function Does the Measurement Perform?	_____																
	Power Available	<input type="checkbox"/> 110VAC <input type="checkbox"/> 220VAC <input type="checkbox"/> 24VDC <input type="checkbox"/> Other																
	<b>INPUTS &amp; OUTPUTS</b>	Analog Output	<input type="checkbox"/> One 4-20mA <input type="checkbox"/> More 4-20mA outputs _____ (#)															
		Digital Output	<input type="checkbox"/> RS485 Modbus RTU <input type="checkbox"/> HART <input type="checkbox"/> Other _____															
		Relay Outputs	<input type="checkbox"/> No Need <input type="checkbox"/> One Relay <input type="checkbox"/> More Relays _____ (#)															
	Input (Sensor)	<input type="checkbox"/> 4-20mA <input type="checkbox"/> RS485 Modbus RTU																
	Please show the principal space or pipe dimensions, preferred mounting dimensions, mounting location, whether through a nozzel or threaded wall, and any internal obstructions, such as agitators, heating coil, etc., product feed and discharge points.																	
			Space or Pipe Material:															
			<input type="checkbox"/> C.S. <input type="checkbox"/> S.S. <input type="checkbox"/> Concrete <input type="checkbox"/> Glass Lined <input type="checkbox"/> Rubber Lined Metal <input type="checkbox"/> Fiberglass <input type="checkbox"/> Other															
<b>COMPANY STAMP DELTA-PHASE PARTNER:</b>																		