



ALPHA OMEGA
INSTRUMENTS

Application Questionnaire

Name: _____ Title _____ Date _____

Company _____ Phone _____ Fax _____

Address _____

Email Address _____ Project Name (if applicable) _____

Obtaining accurate application information will help us better assess your requirements and allow us to provide a comprehensive and cost effective price quotation.

1. Number of gas samples to be monitored: _____
2. What gases are to measured? Oxygen _____ Carbon Dioxide _____
3. Gas Composition (fill in below).

GAS CONCENTRATIONS

<u>Components</u>	<u>Sample Stream #1</u>	<u>Sample Stream #2</u>	<u>SampleStream #3</u>
Background Gas (i.e. N ₂ , Ar, He, H ₂ , etc.)	List gases with their approximate % concentrations _____ _____		
O ₂ Concentration	(% or PPM) Maximum _____ Normal _____	(% or PPM) Maximum _____ Normal _____	(% or PPM) Maximum _____ Normal _____
CO ₂ Concentration	(% or PPM) Maximum _____ Normal _____	(% or PPM) Maximum _____ Normal _____	(% or PPM) Maximum _____ Normal _____

(Please check or fill in those items that pertain to the application)

4. List any acid gases present in the samples including maximum concentrations.

5. Sample Pressure: Min _____ Max _____ Normal _____ Units of Measurement _____

6. Sample Discharge: Atmosphere ___ Back to Process _____ (if back to process, please complete question 7)

7. If the sample is to be returned to process, what is the pressure at the point of return?
Min _____ Max _____ Normal _____

8. Is a sample pump required? _____ If so, what will be the length of tubing between the sample source and pump _____ feet.

9. Sample Temperature: Min _____ Max _____ Normal _____ Units of Measurement _____

10. Are there liquids in the sample? No _____ Yes _____ If yes, please complete question 11.

11. What liquids are present? _____

12. Do you anticipate that any of the sample gas constituents may condense if the sample gas is cooled to approximately 77 degrees F (25 degrees C)? No_____ Yes_____ If yes, please explain_____

13. Are there particulates (solids) entrained in the sample? Yes____ No____

14. What is the distance from the sample pick-off point to the proposed sensor location?

15. Has there been an attempt to measure O₂ or CO₂ previous to this? If so, please explain what technique of measurement was used and list any difficulties that were encountered.

EQUIPMENT CONFIGURATION

(please check or fill in those items that are required for this application)

Analyzer with sensor mounted on the electronics enclosure _____

Analyzer with sensor mounted remote from the electronics _____

Distance between sensor and electronics in feet if a remote sensor is required _____.

Bench-Top Electronics Cabinet _____

Panel Mounted Electronics _____

NEMA 1 (general purpose electronics enclosure) _____

NEMA 4 (watertight electronics enclosure) _____

NEMA 7 (explosion proof electronics enclosure) _____

For all explosion proof requirements (NEMA 7), please indicate:

Class _____ Group _____ Division _____

If the sensor is going to be remotely mounted, please indicate the desired electrical classification of **both** the electronics enclosure _____ and the remote sensor enclosure _____,

Would a blind transmitter be preferred over an analyzer? _____.

What power is available? _____

Is serial communications desired: No ___ RS232C ___ RS485 ___

Tagging Required _____ If so, please indicate what is to be shown _____.

Please provide a brief written description of the application (attach a sketch if necessary). This is particularly important if the installation will be outdoors. In such cases, provide as much information on the environmental conditions as possible.



**Alpha Omega
Instruments**

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