



# ANALYSER APPLICATION WORKSHEET

Please fill in this questionnaire as completely as possible.

<b>Customer / Company:</b> _____
Contact person: _____
Department: _____ Phone / Fax: _____
Address: _____
Signature: _____ Email: _____

**Sample gas composition:**

Component	Concentration			Unit	Measure		Remarks
	min.	norm.	max.		Yes	No	
					<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"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
Σ		100		%	<input type="checkbox"/>	<input type="checkbox"/>	

Is the sample gas toxic?                      Yes                       No

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

Corrosive/Reactive components: \_\_\_\_\_

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

**Parameters of sample point** (tick 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	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, complete the details below.			
Gas rated only <input type="checkbox"/>	Zone:					
Dust rated only <input type="checkbox"/>	Zone:					
Gas and Dust rated <input type="checkbox"/>	Zone:					

**Parameters of sample return** (circle appropriate unit)

Temperature: °F °C	Min:		Norm:		Max:	
Pressure: mBar Bar PSI	Min:		Norm:		Max:	
Explosive environment	Yes <input type="checkbox"/>	No <input type="checkbox"/>	if yes, which:			

**Mounting Location:**

Indoor <input type="checkbox"/>	Outdoor <input type="checkbox"/>					
Ambient temperature (°C)	Min:		Norm:		Max:	
Relative humidity (%)	Min:		Norm:		Max:	
Ex-Zone	Yes <input type="checkbox"/>	No <input type="checkbox"/>	if yes, class:			
Distance: Sample Point to Analyser: Metres Feet						

**Additional Information:**

Electrical Power Available:
Air Pressure Available:
Nitrogen Pressure Available:

**Design:**

Output signals required:						
T90 Response Time Required:						
Protection class required: IP rating....						
Hazardous Area protection required:						
Auto calibration	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
Position sample gas line	Top <input type="checkbox"/>	Bottom <input type="checkbox"/>	Left <input type="checkbox"/>	Right <input type="checkbox"/>		
Position power supply/output signals	Top <input type="checkbox"/>	Bottom <input type="checkbox"/>	Left <input type="checkbox"/>	Right <input type="checkbox"/>		

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