



Process Oxygen Application Worksheet

Contact/Project Information		Name of Person Completing this Form:	
Name/ Title:		Alternate Contact ¹ :	
Phone:		Alternate Phone:	
E-mail:		Alternate E-mail:	
Company:		Company Division:	
Address:			
City:		State:	Zip:
Project ID:			
Project Location:			
Application Description:			
Vessel ID:			

Process Information Note: Please fill out this section as completely as possible to allow us to specify the proper Sample Conditioning System for your application. Neutronics respects the confidentiality of all information provided to us on this worksheet. Please check all information that applies and if possible, attach a sketch of your process showing likely sample and inerting locations.

General

Vessel Location Indoors, Heated Indoors, Unheated Outdoors

Type of Process Continuous Batch

Current Method of Inerting ² Continuous Flow Purge Pressure (Blanketing) None

O₂ Currently Maintained Measured _____% Estimated _____% Unknown

Process Data	Minimum	Normal	Maximum
Process Pressure (Specify Units) ³ <input type="checkbox"/> PSIG <input type="checkbox"/> In. H ₂ O <input type="checkbox"/> In. Hg			
Process Temperature (°F / °C)			
Ambient Temperature (°F / °C)			

Process Composition (If more than 5, list additional components on reverse side)

Process Component(s) Solvent, Solid, or Particulate	Component Phase / State	Concentration (PPM/% by vol.)	Amount (% by Volume)
	<input type="checkbox"/> Gas/Vapor <input type="checkbox"/> Liquid <input type="checkbox"/> Solid		
	<input type="checkbox"/> Gas/Vapor <input type="checkbox"/> Liquid <input type="checkbox"/> Solid		
	<input type="checkbox"/> Gas/Vapor <input type="checkbox"/> Liquid <input type="checkbox"/> Solid		
	<input type="checkbox"/> Gas/Vapor <input type="checkbox"/> Liquid <input type="checkbox"/> Solid		
	<input type="checkbox"/> Gas/Vapor <input type="checkbox"/> Liquid <input type="checkbox"/> Solid		

(*SEE REVERSE SIDE of P.2 FOR QUESTIONNAIRE FOOTNOTES)

Area Electrical Ratings Information

Electrical Rating at Vessel Site		Electrical Rating Where Analyzer will be Mounted	
Class	<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III	Class	<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III
Division	<input type="checkbox"/> 1 <input type="checkbox"/> 2	Division	<input type="checkbox"/> 1 <input type="checkbox"/> 2
Group	<input type="checkbox"/> B <input type="checkbox"/> C, D <input type="checkbox"/> E, F, G	Group	<input type="checkbox"/> B <input type="checkbox"/> C, D <input type="checkbox"/> E, F, G
	<input type="checkbox"/> Non-Hazardous		<input type="checkbox"/> Non-Hazardous
	<input type="checkbox"/> Not sure, Please call me to Discuss		<input type="checkbox"/> Not sure, Please call me to Discuss

Compatible Materials	Available Utilities (Specify at Vessel and/or Control Room)
<input type="checkbox"/> Stainless Steel (Type):	Electric: <input type="checkbox"/> 110 V <input type="checkbox"/> 220 V <input type="checkbox"/> Other
<input type="checkbox"/> Teflon	Compressed Air: _____ PSIG
<input type="checkbox"/> Other (Please List Below)	Inert Gas: <input type="checkbox"/> N ₂ <input type="checkbox"/> CO ₂ <input type="checkbox"/> Other _____ PSIG
	Cooling Water Temp. _____ (°F / °C)

Analyzer/Electronics Information: *This section allows us to specify the appropriate analyzer, enclosures, alarms, outputs, etc., for your application. Please fill out this section as completely as possible, and check all items that apply. We will provide you a sketch of our recommended system layout showing all of the Sample Conditioning and Electronic components necessary for your application.*

General

Oxygen Analysis Range:	Analyzer Signal Requirements:
<input type="checkbox"/> 0 to 10%	<input type="checkbox"/> Monitor Oxygen Levels Only
<input type="checkbox"/> 0 to 25%	<input type="checkbox"/> Monitor & Automatically Control Oxygen Levels (Stand-Alone)
<input type="checkbox"/> 0 to 100%	<input type="checkbox"/> Monitor & Output Signal to Existing Plant Control System (PLC, Control Room DCS, etc.)
<input type="checkbox"/> 0 to 1000 PPM	<input type="checkbox"/> Other (Please call me to Discuss)
<input type="checkbox"/> 0.1 PPM to 100%	
<input type="checkbox"/> PPB to 100%	
<input type="checkbox"/> Not Sure (Call me to Discuss)	

Alarm/Output Requirements

<input type="checkbox"/> 4-20 mA Output only, no relays required	<input type="checkbox"/> Relay contacts (List Set Points Required)
<input type="checkbox"/> 4-20 mA Output with alarms listed at right	Alarm #1 _____ % O ₂
<input type="checkbox"/> Not sure, please call me to discuss	Alarm #2 _____ % O ₂
	Alarm #3 _____ % O ₂
	Alarm #4 _____ % O ₂

Analyzer Enclosure Requirements Check only what applies to your application)

<i>If installing in a Non-Hazardous area, I prefer...</i>	<i>If installing in a Class I, II or III Area, I prefer:</i>
<input type="checkbox"/> Flush Mount Analyzer to an Existing Panel	<input type="checkbox"/> NEMA 7, Explosion Proof Enclosure
<input type="checkbox"/> Wall Mount Nema 4	<input type="checkbox"/> NEMA 4, Z-Purge Cabinet
<input type="checkbox"/> Rack Mount Analyzers into a common enclosure multiple Analyzer Installations only.... 3, 6 & 15 channel systems available)	

