

## Application Specification Questionnaire

The following items is most important to provide the most suitable measurement solution for you. Please fill out the following items exactly and send it back.

|           |  |               |  |
|-----------|--|---------------|--|
| Company:  |  | Date:         |  |
| Contact:  |  | Position:     |  |
| Phone:    |  | Email:        |  |
| Address:  |  |               |  |
| End user: |  | Project Name: |  |

|                                                                                           |                                                          |                                           |                                      |                                       |                                          |                                            |                                     |                                |                              |              |  |
|-------------------------------------------------------------------------------------------|----------------------------------------------------------|-------------------------------------------|--------------------------------------|---------------------------------------|------------------------------------------|--------------------------------------------|-------------------------------------|--------------------------------|------------------------------|--------------|--|
| 1. Tag No:                                                                                |                                                          |                                           |                                      |                                       |                                          |                                            |                                     |                                |                              |              |  |
| 2. Gas:                                                                                   | Component                                                | Measuring Parameter                       |                                      | Name                                  | Molecular                                | Range                                      |                                     |                                | Unit                         | Normal Value |  |
|                                                                                           | 1                                                        | <input type="checkbox"/>                  |                                      |                                       |                                          |                                            | ~                                   |                                |                              |              |  |
|                                                                                           | 2                                                        | <input type="checkbox"/>                  |                                      |                                       |                                          |                                            | ~                                   |                                |                              |              |  |
|                                                                                           | 3                                                        | <input type="checkbox"/>                  |                                      |                                       |                                          |                                            | ~                                   |                                |                              |              |  |
|                                                                                           | 4                                                        | <input type="checkbox"/>                  |                                      |                                       |                                          |                                            | ~                                   |                                |                              |              |  |
|                                                                                           | 5                                                        | <input type="checkbox"/>                  |                                      |                                       |                                          |                                            | ~                                   |                                |                              |              |  |
|                                                                                           | Others                                                   |                                           |                                      |                                       |                                          |                                            |                                     |                                |                              |              |  |
| Note                                                                                      | The sum of the normal values for all components is 100%. |                                           |                                      |                                       |                                          |                                            |                                     |                                |                              |              |  |
| 3. Corrosive:                                                                             | <input type="checkbox"/> No                              | <input type="checkbox"/> Yes              | <input type="checkbox"/> Weak acid   | <input type="checkbox"/> Strong acid  | <input type="checkbox"/> Weak alkalinity | <input type="checkbox"/> Strong alkalinity |                                     |                                |                              |              |  |
| 4. Principle of Measurement:                                                              | <input type="checkbox"/> P2O5                            | <input type="checkbox"/> Electrochemistry | <input type="checkbox"/> Zirconia    | <input type="checkbox"/> Paramagnetic | <input type="checkbox"/> TCD             | <input type="checkbox"/> NDIR              | <input type="checkbox"/> NDUV       | <input type="checkbox"/> Laser | <input type="checkbox"/> CLD |              |  |
| 5. Fluid Pressure:                                                                        |                                                          | ~                                         |                                      | Bar                                   | Normal Value                             |                                            | Bar                                 |                                |                              |              |  |
| 6. Fluid Temperature:                                                                     |                                                          | ~                                         |                                      | °C                                    | Normal Value                             |                                            | °C                                  |                                |                              |              |  |
| 7. Ambient Temperature:                                                                   |                                                          | ~                                         |                                      | °C                                    |                                          |                                            |                                     |                                |                              |              |  |
| 8. Sampling Situation:                                                                    |                                                          |                                           |                                      |                                       |                                          |                                            |                                     |                                |                              |              |  |
| 9. Pipe Diameter:                                                                         |                                                          | mm                                        |                                      |                                       |                                          |                                            |                                     |                                |                              |              |  |
| 10. Ex Protection:                                                                        | <input type="checkbox"/> No                              | <input type="checkbox"/> Yes              | Ex Zone Class                        |                                       |                                          |                                            |                                     |                                |                              |              |  |
| 11. Controller Type:                                                                      | <input type="checkbox"/> Rack                            | <input type="checkbox"/> Wall Mounted     | <input type="checkbox"/> Portable    | <input type="checkbox"/> With battery | <input type="checkbox"/> Without battery |                                            |                                     |                                |                              |              |  |
| 12. Controller Protection Level:                                                          | <input type="checkbox"/> IP40                            | <input type="checkbox"/> IP65             |                                      |                                       |                                          |                                            |                                     |                                |                              |              |  |
| 13. Quantity:                                                                             |                                                          | pc                                        |                                      |                                       |                                          |                                            |                                     |                                |                              |              |  |
| 14. Power Supply:                                                                         | <input type="checkbox"/> 24V DC                          | <input type="checkbox"/> 80~264V AC       |                                      |                                       |                                          |                                            |                                     |                                |                              |              |  |
| 15. With Display:                                                                         | <input type="checkbox"/> No                              | <input type="checkbox"/> Yes              |                                      |                                       |                                          |                                            |                                     |                                |                              |              |  |
| 16. Requested Accuracy:                                                                   |                                                          | %                                         |                                      |                                       |                                          |                                            |                                     |                                |                              |              |  |
| 17. Output Signal and Communication:                                                      | <input type="checkbox"/> 4-20mA                          | <input type="checkbox"/> HART             | <input type="checkbox"/> Profibus PA | <input type="checkbox"/> Profibus DP  | <input type="checkbox"/> FF H1           | <input type="checkbox"/> MODBUS RTU        | <input type="checkbox"/> MODBUS TCP | <input type="checkbox"/> Other |                              |              |  |
| 18. PID Function(Analog Output):                                                          | <input type="checkbox"/> No                              | <input type="checkbox"/> Yes              |                                      |                                       |                                          |                                            |                                     |                                |                              |              |  |
| 19. Relay Output:                                                                         | <input type="checkbox"/> No                              | <input type="checkbox"/> Yes              | <input type="checkbox"/> High Alarm  | <input type="checkbox"/> Low Alarm    | <input type="checkbox"/> Timer           |                                            |                                     |                                |                              |              |  |
| 20. Special requirements and related drawings. (Pictures can be sent as email attachment) |                                                          |                                           |                                      |                                       |                                          |                                            |                                     |                                |                              |              |  |