

Application Review Form

Date:

Did a sales representative refer you to this form? If so, please enter their name:

*Customer Information (required):	
First Name:	Company:
Last Name:	Job Title:
Address:	
City:	State/Province:
Zip Code:	Country:
Email:	Phone:
Application Name:	Industry:
Installation Location: <input type="checkbox"/> Same as above <input type="checkbox"/> Other City: State:	

Please provide general comments and a process drawing or schematic, if available.

Note: Please check all that apply when applicable.

General Information

1. Application Function (check all that apply):

- | | | |
|---|---|---|
| <input type="checkbox"/> Filter Control & Diagnostics | <input type="checkbox"/> Particulate Monitoring | <input type="checkbox"/> Filter Leak Detection |
| <input type="checkbox"/> Pressure Monitoring | <input type="checkbox"/> Liquid Mist Monitoring | <input type="checkbox"/> Powder Flow Monitoring |
| <input type="checkbox"/> Ambient Dust Detection | <input type="checkbox"/> Process Improvement | <input type="checkbox"/> Maintenance |
| <input type="checkbox"/> Process Control | <input type="checkbox"/> Environmental Compliance | <input type="checkbox"/> Operations Improvement |
| <input type="checkbox"/> Equipment Protection | <input type="checkbox"/> Other (specify): | |

2. Application Type:

- | | | |
|-----------------------------------|---|---|
| <input type="checkbox"/> Stack | <input type="checkbox"/> Baghouse | <input type="checkbox"/> Cartridge Filter |
| <input type="checkbox"/> Cyclone | <input type="checkbox"/> Flow Pipe/Tube | <input type="checkbox"/> Mist Eliminator |
| <input type="checkbox"/> Scrubber | <input type="checkbox"/> Electrostatic Precipitator | <input type="checkbox"/> Other (specify): |

3. Processes/Equipment upstream of application noted in 2 above:

- | | | |
|---|---|---|
| <input type="checkbox"/> Combustion (Kiln, Boiler, Furnace, Incineration, Smelter) (specify): | | |
| <input type="checkbox"/> Dryer | <input type="checkbox"/> Cyclone | <input type="checkbox"/> Electrostatic Precipitator |
| <input type="checkbox"/> Scrubber | <input type="checkbox"/> Plant fume or dust hoods | <input type="checkbox"/> Other (specify): |

4. Downstream Equipment:

- | | | |
|-------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Fan | <input type="checkbox"/> Vacuum Pump | <input type="checkbox"/> Turbine |
| <input type="checkbox"/> HEPA | <input type="checkbox"/> Oxidizer | <input type="checkbox"/> Other (specify): |

5. Is process critical: Yes No
If Yes, describe why and how:

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6. Regulations (check all that apply and specify):

- US – EPA: OSHA: ISO 9000:
 EPA (State/Local): QAL1 (UBA/TUV and MCERTS) Other:

7. Please describe any specific monitoring accuracy or control expectations:

8. Outputs required:

- Discrete (relay) Analog (4-20mA) Modbus TCP Ethernet
 Ethernet IP DeviceNet Modbus RTU (RS-485)
 Profibus DP Bluetooth HART
 Other (specify):

9. Inputs required (temperature sensor, airflow sensor, hopper level, etc.):

10. Is PC software desired: Yes No

11. Primary use of PC software (check all that apply):

- Instrument Setup Data Logging & Record Keeping Process Analysis
 Combination HMI/SCADA Maintenance Regulatory
 Compliance Reporting

12. Project stage: Planning/Evaluation Budgeted

13. Number of devices required:

14. Projected Installation Date:

15. Do you have prior experience with this type of monitoring/control project? Yes No

Installation

1. Power: 115-220VAC 24VDC Loop Powered

2. Installation location: Indoors Outdoors

3. Sensor mounting:

- Quick clamp (Tri-Clamp) Thread (specify): Flange (specify):

4. Area classification of installation:

- Ordinary/General Purpose
 Hazardous (Specify Class, Division and Groups or Zones for ATEX):

Process Conditions (at monitoring point)

1. Process temperature (Normal): °F °C
Process temperature (High): °F °C

2. Process static pressure (Normal): psi bar positive negative
Process static pressure (High): psi bar positive negative
Filter differential pressure (Normal): "WC mbar
Filter differential pressure (High): "WC mbar

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3. Does process contain moisture: Yes No
4. Does process contain corrosives: Yes No
5. Pipe/Duct dimensions: inches cm
6. Pipe/duct material: Steel Fiberglass Other (specify):
7. Does pipe/duct have insulation? Yes No
- Pipe/duct insulation thickness: Internal inches cm
 External inches cm

Particulate Details

1. Particulate Type:
Process Material:
 Fine Particulate (Dust) Powder Granular
 Liquid Mist Droplets Only Combined fine particles and mist
Is particulate type consistent or do they change particulate with different batches?
2. Characteristics (check all that apply):
 Dry Moist/Wet Conductive
 Non-conductive Abrasive Other (specify):
3. Normal Particulate concentration: mg/m³ gr/ft³
4. EPA Mass Emission Limit: mg/m³ gr/ft³

Fabric Filter Details

1. Number of compartments: Single Multiple (Quantity):
If multiple compartments, is there a separate outlet for each compartment? Yes No
If multiple, is pressure controlled by: Compartment Overall (flange to flange)
2. Total number of rows: Rows per compartment (for multi):
3. Type of filter cleaning:
 Pulse Jet Reverse Air Shaker Other
If pulse jet, number of header tanks: Individual Manifold
4. Existing cleaning method: Pulse on Demand (Hi/Lo) Continuous Other:
5. How often is filter media changed:
6. MFG and age of Baghouse/Dust Collector:

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