

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:

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

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: