



PLANT AIR COMPRESSOR QUESTIONNAIRE

Please fill out as completely as possible and fax back to (800) 247-5850.

If help is required, please contact us Monday - Friday 8AM - 5PM EST at (800) 866-8100

Contact Information

Contact Name: _____ Telephone Number: _____
 Company Name: _____ Fax Number: _____
 Address: _____ Email Address: _____
 _____ Cellular Number: _____
 City: _____ Method of Contact:
 State: _____ Zip Code: _____ Phone Fax Email

System Requirements

- This system will need to be: Portable Stationary
 If Stationary, this system will be permanently located Indoors Outdoors
- What are the power requirements for this system?
 1-Phase Electric 3-Phase Electric Gasoline Diesel
 If electric, what are the voltage requirements?
 115 VAC 208 VAC 230 VAC 460 VAC 60 Hz 50 Hz
- What type of respirator is being used?
 Pressure Demand Mask Continuous Flow Mask Continuous Flow Hood
- What are the flow and pressure requirements? _____ cfm @ _____ psi
- Are cooling tubes being used (i.e. Vortex)? If so, what are the flow and pressure requirements?
 _____ cfm @ _____ psi
- How many workers do you anticipate using this system at any given time? (quote maximum) _____
- What other types of devices are you planning to use? (pneumatic tools, air vests, etc.)

- Will remote air manifolds (point-of-attachments) be required? Yes No
- Number of remote air manifolds required? 1 2 3 4 5 6 Other:
- Number of outlets desired per manifold? 1 2 3 4 5 6 Other:
- Will the remote air manifold need to be: Portable (Case Mounted) Stationary (Wall Mounted)
- Will audible and/or visual remote alarms be required? Yes No
 If Yes, Audible Visual Both
- Will this system be used in an IDLH (Immediately Dangerous to Life or Health) environment? Yes No
- Are there any special environmental conditions that may exist where the system is located?
 (i.e. rain, chemicals, vapors, dust, heat, cold, etc) _____

Cut Here and Fax to 1-800-247-5850