

Breathing Air Application Worksheet

Contact Information:

Preferred:

Name: Phone:

Company: Email:

Address:

City: State: Zip:

Application Parameters:

1) System Type: Stationary Portable

 ↳ If stationary, system will be installed: Indoors Outdoors

2) Power requirements: Electric (Single Phase) Gasoline Diesel

 ↳ If electric, the voltage required is: 115 VAC 208 or 230 VAC

 ↳ and the frequency required is: 60 Hz 50 Hz

3) Carbon monoxide requirements: CO Removal & Monitoring CO Monitoring Only

Sizing Parameters:

4) Inlet flow available: scfm m3/hr

5) Inlet pressure available: psig barg

5) Delivered pressure required: psig barg

6) Maximum number of respirators to be used at any given time (quantity):

Pressure demand masks Continuous flow masks Continuous flow hoods

7) Other devices to be operated on the breathing air supply (quantity & type):

8) Total Maximum Delivered Flow Required: scfm m3/hr

Options:

9) Remote alarm requirements: Audible Visual Both None

Other Considerations:

10) Other notes or requirements: