

Fact Finder



Proposal Due: _____

Budgetary: Yes No

Requesting Company: _____

Contact: _____ Title: _____
Phone: _____ Email: _____
Address: _____

If Requesting Company is not the end user:

End User Company*: _____
End User Contact: _____
End User Address: _____

**End User Company will be displayed on the analyzer tag unless noted otherwise*

Analyzer Requirements

Analyzer Enclosure Type: Painted Stainless Steel
(Select one) (Standard)

Power Requirements: 115vAC +/- 10%, 60 Hz +/- 5% 115vAC +/- 10%, 50 Hz +/- 5%
(Select one)
 220vAC +/- 10%, 50/60 Hz +/- 5%

Area Classification: General Purpose
(Select one)
 Class 1 Division 1 Class 1 Division 2
 IECEx/ATEX Zone 1 IECEx/ATEX Zone 2

Additional Certifications: _____
(Specify)

Installation Area Temperature: Range _____ °C °F
Normal _____

Analyzer Cooling: Air Conditioner Water Cooled Fan Cooled
(Select one)

Analyzer Tag Name(s): _____

Sample Requirements

Number of Sample Points: _____

Sample Frequency: _____ sample points in _____ minute(s)

Sample Pressure: Range _____ Units _____ Number of Sample Points: _____

Range _____ Units _____ Number of Sample Points: _____

If sample is ambient pressure or under vacuum:

Sample Tubing Length: Longest _____ Meters Feet

Range _____ Meters Feet

Sample Tubing Inner Diameter: _____

Requested Clearing Time: _____ Seconds

Is the sample heat traced? Yes No

If Yes: Temperature _____ °C °F
(Select one)

Is the sample corrosive? Yes No

If Yes: Compound(s) _____ Estimated Concentration _____ ppm %
_____ Estimated Concentration _____ ppm %

External Communications

External Communications? Yes No
(If yes, select at least one (1) communication type below)

Modbus

<input type="checkbox"/>	TCP/IP (Ethernet)	Redundant?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
<input type="checkbox"/>	RS422						
	<input type="checkbox"/>	2-wire	Redundant?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	<input type="checkbox"/>	4-wire	Redundant?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	RS485						
	<input type="checkbox"/>	2-wire	Redundant?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	<input type="checkbox"/>	4-wire	Redundant?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

External Control Yes No

Fiber Optics

Single Mode

<input type="checkbox"/>	SC Connectors	<input type="checkbox"/>	ST Connectors						
	Cables Required?	<input type="checkbox"/>	Yes	Length?	_____	<input type="checkbox"/>	Feet	<input type="checkbox"/>	Meters
		<input type="checkbox"/>	No						
	Area Classification	<input type="checkbox"/>	Safe			<input type="checkbox"/>	Hazardous		

Multimode

<input type="checkbox"/>	SC Connectors	<input type="checkbox"/>	ST Connectors						
	Cables Required?	<input type="checkbox"/>	Yes	Length?	_____	<input type="checkbox"/>	Feet	<input type="checkbox"/>	Meters
		<input type="checkbox"/>	No						
	Area Classification	<input type="checkbox"/>	Safe			<input type="checkbox"/>	Hazardous		

Analog

Outputs

<input type="checkbox"/>	4-20mA (Most Common)	Number of Channels	_____
<input type="checkbox"/>	Requested Voltage _____	Number of Channels	_____

Inputs

<input type="checkbox"/>	4-20mA (Most Common)	Number of Channels	_____
<input type="checkbox"/>	Requested Voltage _____	Number of Channels	_____

Digital

Outputs

<input type="checkbox"/>	Powered (Most Common - Extrel Supplies Power)	24VDC at 2A/Channel	Number of Channels	_____
<input type="checkbox"/>	Not Powered (Customer Supplies Power)	0-24 VAC/VDC at 2A/Channel	Number of Channels	_____

Output Relays

<input type="checkbox"/>	Powered (Extrel Supplies Power)	<input type="checkbox"/>	0-30 VDC at 2A inductive or 5A Ω	Number of Controls	_____
		<input type="checkbox"/>	0-230 VDC at 2A inductive or 5A Ω	Number of Controls	_____
<input type="checkbox"/>	Not Powered (Customer Supplies Power)	<input type="checkbox"/>	0-30 VDC at 2 A/Channel	Number of Controls	_____
		<input type="checkbox"/>	0-125 VAV at 0.5 A/Channel	Number of Controls	_____

Inputs

<input type="checkbox"/>	24 VDC	Number of Channels	_____
--------------------------	--------	--------------------	-------

OPC DA 2.0 Yes No

Other

Check the appropriate box

Misc.

Yes	No	Quote as Option	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Operator Training Course at Extrel
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sample Port Labels
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cart
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Remote Work Station <input type="checkbox"/> Desktop <input type="checkbox"/> Laptop
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Air Conditioner Hot Air Exhaust Duct

Testing Options

Yes	No	Quote as Option	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Factory Acceptance Test at Extrel (FAT)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Custom FAT Gas Cylinders at Extrel
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Factory Acceptance Test at System Integrator (IFAT)

Coverage Options

Yes	No	Quote as Option	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Factory Contract Coverage (2 years)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Warranty Extension (12 Months)

Documentation Options

Yes	No	Quote as Option	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Printed Software Manual
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	IQ/OQ Documentation (Pharma)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Customer Connections
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MAX300 Modbus Map
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MAX300 Customer Specific Drawings

Spares Kits

Yes	No	Quote as Option	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 year
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 years
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5 years

Stream Composition Information

All components in the stream must be included in the list to ensure proper analysis. An Excel spreadsheet may be submitted in place of completing the forms below. If submitting more than 5 streams for review, provide the full compositional data in an Excel spreadsheet.

Stream 1 or Condition 1

Name/Description _____

Sample Pressure _____

	Name (No Abbreviations! - CAS number is acceptable)	Normal	Min	Max	Units (%)
1					%
2					%
3					%
4					%
5					%
6					%
7					%
8					%
9					%
10					%
11					%
12					%
13					%
14					%
15					%
16					%
17					%
18					%
19					%
20					%
21					%
22					%
23					%
24					%
25					%
26					%
27					%
28					%
29					%
30					%

Total: _____

Total must add to 100%

Additional Notes:

Stream Composition Information (Continued)

All components in the stream must be included in the list to ensure proper analysis.

Stream 2 or Condition 2

Name/Description _____

Sample Pressure _____

	Name (No Abbreviations! - CAS number is acceptable)	Normal	Min	Max	Units (%)
1					%
2					%
3					%
4					%
5					%
6					%
7					%
8					%
9					%
10					%
11					%
12					%
13					%
14					%
15					%
16					%
17					%
18					%
19					%
20					%
21					%
22					%
23					%
24					%
25					%
26					%
27					%
28					%
29					%
30					%

Total: _____

Total must add to 100%

Additional Notes:

Stream Composition Information (Continued)

All components in the stream must be included in the list to ensure proper analysis.

Stream 3 or Condition 3

Name/Description _____

Sample Pressure _____

	Name (No Abbreviations! - CAS number is acceptable)	Normal	Min	Max	Units (%)
1					%
2					%
3					%
4					%
5					%
6					%
7					%
8					%
9					%
10					%
11					%
12					%
13					%
14					%
15					%
16					%
17					%
18					%
19					%
20					%
21					%
22					%
23					%
24					%
25					%
26					%
27					%
28					%
29					%
30					%
	Total:				

Total must add to 100%

Additional Notes:

Stream Composition Information (Continued)

All components in the stream must be included in the list to ensure proper analysis.

Stream 4 or Condition 4

Name/Description _____

Sample Pressure _____

	Name (No Abbreviations! - CAS number is acceptable)	Normal	Min	Max	Units (%)
1					%
2					%
3					%
4					%
5					%
6					%
7					%
8					%
9					%
10					%
11					%
12					%
13					%
14					%
15					%
16					%
17					%
18					%
19					%
20					%
21					%
22					%
23					%
24					%
25					%
26					%
27					%
28					%
29					%
30					%

Total: _____

Total must add to 100%

Additional Notes:

Stream Composition Information (Continued)

All components in the stream must be included in the list to ensure proper analysis.

Stream 5 or Condition 5

Name/Description _____

Sample Pressure _____

	Name (No Abbreviations! - CAS number is acceptable)	Normal	Min	Max	Units (%)
1					%
2					%
3					%
4					%
5					%
6					%
7					%
8					%
9					%
10					%
11					%
12					%
13					%
14					%
15					%
16					%
17					%
18					%
19					%
20					%
21					%
22					%
23					%
24					%
25					%
26					%
27					%
28					%
29					%
30					%

Total: _____

Total must add to 100%

Additional Notes: