****

**FTIR Installation Data Request Form**

***Client Information:***

|  |  |
| --- | --- |
| **Name:**       | **Date:**       |
| **Company:**        |
| **Address:**       |
|  |
| **City:**       | **State:**       | **Zip Code:**   |
| **Phone:**       | **Mobile:**       |
| **Email:**       |

***Site Information:***

|  |
| --- |
| **Company:**        |
| **Address:**       |
|  |
| **City:**       | **State:**       | **Zip Code:**        |
| **Phone:**       | **Mobile:**       |
| **Email:**       |

***Application Information:***

Please describe the basic process description, pollution control devices, fuel types, load conditions:

|  |
| --- |
|       |

***Pollutants and Parameters to be Measured (moisture and carbon dioxide are needed for most applications):***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Pollutant / Parameter** | **Max Concentration** | **Min Concentration** | **Average Concentration** | **Range(s)** | **Unit of Measure** |
| H2O |       |       |       |       | % |
| CO2 |       |       |       |       | % |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |

***Background Gases:***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Pollutant / Parameter** | **Max Concentration** | **Min Concentration** | **Average Concentration** | **Unit of Measure** |
| Particulate |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |

***Gas Stream Parameters:***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Parameter** | **Max**  | **Min**  | **Average** | **Unit of Measure** |
| H2O |       |       |       | % |
| CO2 |       |       |       | % |
| Particulate |       |       |       | Mg/M3 |
| Particulate Size |       |       |       | Micron |
| Temperature |       |       |       | F |
| Static Pressure |       |       |       | “H2O |
| Flow Rate |       |       |       | SCFM |

***Sample Location:***

|  |  |  |
| --- | --- | --- |
| **Parameter** | **Measurement** | **Unit of Measure** |
| Stack Height  |       | Ft |
| Stack Height at Sample Point |       | Ft |
| Nearest Upstream/Downstream Disturbance |       | Ft |
| Sample Port Type |       |  |
| Sample Port Size |       |  |
| Sample Port Length |       | In |
| Distance to from Sample Port to Instrument Location |       | Ft |
| Cable Tray Installed |       | % |
| Available Electrical Circuits at Sample Port |       |  |
| Platform Width at Port |       | Ft |
| Platform Access |       |  |

***Instrument Location:***

|  |  |
| --- | --- |
| **Parameter** | **Description** |
| System located Indoor or Outdoor Location |       |
| If Indoor is the Location Climate Controlled  |       |
| If Outdoor is There a Hazardous Location Rating |       |
| AC Power Available at System Location |       |
| Compressed Dry and Oil Free Air Supply at System Location |       |
| Compressed Air Supply Pressure |       |
| Automatic Calibration Required |       |
| Automatic Cylinder Gas Audit Desired |       |
| Preferred Communication Protocol |       |
| Calibration Gas Requirements  |       |

***Plant Process Inputs:***

|  |  |  |
| --- | --- | --- |
| **Parameter** | **Range** | **Unit of Measure** |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |

***Regulation Requirements or Reason For CEMS Installation:***

|  |
| --- |
|       |

***Any Additional Information that will Assist AMP-Cherokee in preparing quotation:***

|  |
| --- |
|       |

[ ]  Permanent Installation

[ ]  Temporary Installation

[ ]  Site Visit Requested

Required Installation Date:

|  |
| --- |
|       |

Thank you for the opportunity for AMP-Cherokee to work with your upcoming CEMS needs. Please feel free to contact us with any questions regarding this form or your project.