nano PURIFICATION SOLUTIONS

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: _____

Complete & email to: support@n-psi.com (or fax to 704-897-2183)

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