

Electric Gas Booster Requirement Questionnaire

Please complete and fax us this form, giving as much detail as possible, so that we can evaluate your needs and provide you with a booster pump that will meet your specific requirements. Thank you.

Company _____			Contact Name _____	
Shipping Address _____			Phone _____	Best Time To Call _____
Mailing Address _____			Mobile Phone _____	Best Time To Call _____
City _____	State _____	Zip _____	Fax _____	
Date _____			Email _____	

Desired Use

- Gas Transfer Laboratory Testing Cylinder Refilling Process Application Don't Know
 Gas Recovery Component Testing Booster Quantity _____

System Configuration

- Stationary Portable Cart Mounted Vehicle Mounted Table Top Mounted Carry Case
A 115 VAC, 24 amps, 1-Phase, 60 Hz **B** 220 VAC, 12 amps, 1-Phase, 60 Hz **C** 230 VAC, 6.8 amps, 3-Phase, 60 Hz
D 460 VAC, 3.4 amps, 3-Phase, 60 Hz **E** 380 VAC, 3.6 amps, 3-Phase, 50 Hz **F** 220 VAC, 12 amps, 1-Phase 50 Hz

Specify Other Special Requirements _____

Controls

- Manual Start/Auto Stop Auto Inlet Stop/Restart Auto Outlet Start/Restart Remote Start Booster By Pass
 HP Auto Stop Pressure _____ PSI _____ BAR

Supply Gas Specifications

- Min. Inlet Pressure _____ PSI _____ BAR 43 Pump Cycle Rate -or- 69 Pump Cycle Rate
Max. Inlet Pressure _____ PSI _____ BAR
 Breathing Air Oxygen Nitrogen Hydrogen Argon Helium CNG Argon

Outlet Pressure / Flow Required

Max Outlet Pressure _____ PSI _____ BAR Max. Volume _____ CFM _____ Liters

Special Connections / End Fittings

Gas Inlet: _____ Gas Outlet: _____ Oxygen Multiple Fill Manifold Qty. Manifold Outlet Ports Required _____

Quality Requirements

- Military standard or other standard _____
 Test certificate Material Certificate Certificate of Conformity (std)

Additional Requirements

