



7201 N. 98th Street, Lincoln NE 68507
Phone: 800-278-4241 FAX 402-434-9133

Particulate Monitor Application Review Form

Date: _____

Did a sales representative refer you to this form? If so, please enter their name: _____

*Customer Information (required):	
First Name:	Company:
Last Name:	Job Title:
Address:	
City:	State/Province:
Zip Code:	Country:
Email:	Phone:
Application Name:	
Installation Location: <input type="checkbox"/> Same as above <input type="checkbox"/> Other City: _____ State: _____	

Please provide general comments and a process drawing or schematic, if available _____

Note: Please check all that apply when applicable.

General Information

1. Application Function:

- | | | |
|---|--|---|
| <input type="checkbox"/> Filter Control & Diagnostics | <input type="checkbox"/> Particulate Monitoring | <input type="checkbox"/> Filter Leak Detection |
| <input type="checkbox"/> Pressure Monitoring | <input type="checkbox"/> Liquid Mist Monitoring | <input type="checkbox"/> Powder Flow Monitoring |
| <input type="checkbox"/> Ambient Dust Detection | <input type="checkbox"/> Process Improvement or Other (specify): _____ | |

2. Industry:

- | | | |
|---|---|------------------------------------|
| <input type="checkbox"/> Power | <input type="checkbox"/> Cement | <input type="checkbox"/> Steel |
| <input type="checkbox"/> Carbon Black | <input type="checkbox"/> Pharmaceutical | <input type="checkbox"/> Foundries |
| <input type="checkbox"/> Chemical | <input type="checkbox"/> Minerals | <input type="checkbox"/> Aluminum |
| <input type="checkbox"/> Incineration | <input type="checkbox"/> Food & Dairy | <input type="checkbox"/> Plastics |
| <input type="checkbox"/> Wood | <input type="checkbox"/> Smelting | <input type="checkbox"/> Tobacco |
| <input type="checkbox"/> Other (specify): _____ | | |

3. Application Type:

- | | | |
|---|---|---|
| <input type="checkbox"/> Stack | <input type="checkbox"/> Baghouse | <input type="checkbox"/> Cartridge Filter |
| <input type="checkbox"/> Cyclone | <input type="checkbox"/> Flow Pipe/Tube | <input type="checkbox"/> Mist Eliminator |
| <input type="checkbox"/> Wet Scrubber | <input type="checkbox"/> Electrostatic Precipitator | |
| <input type="checkbox"/> Other (specify): _____ | | |

4. Processes/Equipment upstream of application noted in 3 above:

- | | |
|---|--|
| <input type="checkbox"/> Combustion (Kiln, Boiler, Furnace, Incineration, Smelter) (specify): _____ | <input type="checkbox"/> Electrostatic |
| <input type="checkbox"/> Dryer | <input type="checkbox"/> Cyclone |

Precipitator

- | | |
|---|---|
| <input type="checkbox"/> Scrubber | <input type="checkbox"/> Plant fume or dust hoods |
| <input type="checkbox"/> Other (specify): _____ | |

5. Downstream Equipment:
- | | | |
|-------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Fan | <input type="checkbox"/> Vacuum Pump | <input type="checkbox"/> Turbine |
| <input type="checkbox"/> HEPA | <input type="checkbox"/> Oxidizer | <input type="checkbox"/> Other (specify): _____ |
6. Is process critical:
- Yes No
- If Yes, describe why and how: _____
7. Intended purpose of the device (check all that apply):
- | | | |
|---|---|---|
| <input type="checkbox"/> Process Control | <input type="checkbox"/> Environmental Compliance | <input type="checkbox"/> Maintenance |
| <input type="checkbox"/> Equipment Protection | <input type="checkbox"/> Operations Improvement | <input type="checkbox"/> Other (specify): _____ |
8. Regulations (check all that apply and specify):
- | | | |
|---|-------------------------------------|--|
| <input type="checkbox"/> US – EPA (National): _____ | <input type="checkbox"/> OSHA _____ | <input type="checkbox"/> ISO 9000: _____ |
| <input type="checkbox"/> EPA (State/Local): _____ | <input type="checkbox"/> None | |
| <input type="checkbox"/> Other: _____ | | |
9. Please describe any specific monitoring accuracy or control expectations: _____
10. Outputs required:
- Discrete (relay) Analog (4-20mA)
11. Inputs required:
- Discrete/relay (specify use): _____
- Analog/4-20mA (specify use): _____
12. Field bus communications:
- | | | |
|---|--------------------------------------|--|
| <input type="checkbox"/> Ethernet IP | <input type="checkbox"/> DeviceNet | <input type="checkbox"/> Modbus TCP Ethernet |
| <input type="checkbox"/> Modbus RTU (RS-485) | <input type="checkbox"/> Profibus DP | <input type="checkbox"/> None |
| <input type="checkbox"/> Other (specify): _____ | | |
13. Is PC software desired:
- Yes No
14. Primary use of PC software (check all that apply):
- | | | |
|--|--|---|
| <input type="checkbox"/> Instrument Setup | <input type="checkbox"/> Data Logging & Record Keeping | <input type="checkbox"/> Process Analysis |
| <input type="checkbox"/> Combination HMI/SCADA | <input type="checkbox"/> Maintenance | <input type="checkbox"/> Regulatory |
15. Is report generation required:
- Yes No If Yes, please describe: _____
16. Project stage:
- | | | |
|-------------------------------------|--|-----------------------------------|
| <input type="checkbox"/> Planning | <input type="checkbox"/> Evaluation | <input type="checkbox"/> Budgeted |
| <input type="checkbox"/> Purchasing | <input type="checkbox"/> None at this time | |
17. Number of devices required: _____
18. Installation Date: _____
19. Do you have prior experience with this type of monitoring/control project?
- Yes No
- If yes, please describe existing and desired improvements. _____
- _____
- If no, what are the reasons for no prior implementation? _____
- _____

Particulate Details

1. Material/Name: _____
2. Type:
 Fine Particulate (Dust) Powder Granular
 Liquid Mist Droplets Only Combined fine particles and mist
Is particulate type consistent or do they change particulate with different batches? _____
3. Characteristics (check all that apply):
 Dry Moist Wet
 Conductive Non-conductive Abrasive
 Other (specify): _____
4. Average particle size: _____ microns
5. Normal Particulate concentration: _____ mg/m³ gr/ft³
6. EPA Mass Emission Limit: _____ mg/m³ gr/ft³

Fabric Filter Details

1. Number of compartments: Single Multiple (Quantity): _____

If multiple compartments, is there a separate outlet pipe/duct from each compartment?
 Yes No

If multiple, is pressure controlled by: Compartment Overall (flange to flange)
2. Total number of rows: _____
Rows per compartment (for multi): _____
3. Type of filter cleaning:
 Pulse Jet Reverse Air Shaker
 Other

If pulse jet, pulsing pressure: _____ psi mbar

If pulse jet type of solenoids:
 Pilot Integral solenoid/diaphragm Integral solenoid/piston

If pulsejet number of pulse tanks and arrangement: _____

4. Describe existing differential pressure control equipment and cleaning control parameters: _____

5. Type of filter media and brand: _____
6. How often is filter media changed: _____
7. Age of Filter media currently installed: _____
8. MFG and age of Baghouse/Dust Collector: _____