

10.0 Applications Worksheet

10.1 Description And Explanation of Importance:

The Applications Worksheet is a guide which compiles all of the information normally necessary to consider to select and design a gas monitoring system. The Worksheet questions will help define the application parameters so that the pertinent considerations can be included. Please take care to fill out the Applications Worksheet completely and accurately. Feel free to contact RKI if you need assistance or have any questions regarding the worksheet or how to consider the information on it. When contacting RKI for assistance, please first fill out the worksheet as much as you can and Fax it to RKI at (510) 441-5650 prior to calling so that the RKI Systems Applications Engineers can best serve you.

10.2 How to Fill Out an Applications Worksheet:

Please make a copy of the Applications Worksheets in this manual, and return the originals to the binder for later use. The worksheet consists of 4 parts:

- 10.2.1 Customer information, description of the general application, and what gases and ranges you need to detect. Please fill this information in carefully since it is critical in helping to select the proper system.
- 10.2.2 Conditions at the sensor location. Please describe the environmental conditions at the sensing location. The worksheet asks questions and has blanks to fill in the appropriate information. The information on this sheet will assist both you and RKI to select the most appropriate sensor solution for your application.
- 10.2.3 Conditions at the controller. Please decide where you would like the controller to be installed. In many cases the controller is not located in the same area as the sensor, so it is important to evaluate the conditions where the controller will be located to select an appropriate controller.
- 10.2.4 Sketch a drawing of the area to be monitored on the graph paper section of the Worksheet. Include dimensions of the area to be monitored (estimate if necessary), and include the location of the equipment, tank, piping, etc. , that is the possible source of the gas leak. This sketch will help to select the best location for the gas sensors, and the number of gas sensors.

When the worksheet is completed to the best of your ability, Fax it to RKI Instruments Fixed Systems Applications Engineering at (510) 441-5650 (or your local distributor) for assistance selecting and pricing the best system for your use.

10.0 Applications Worksheet

Company: _____

Date: _____

CONDITIONS AT CONTROLLER (Please use a separate sheet for each type of controller, application or location)														
Location:				Location#:										
Number of detectors in system:														
Describe controller site:														
Location Requirements					Hazard Rating									
Indoor <input type="checkbox"/>		Outdoor <input type="checkbox"/>			Hazardous <input type="checkbox"/>		Non Hazardous <input type="checkbox"/>		Restricted Access <input type="checkbox"/>					
Inaccessible <input type="checkbox"/>		Duct or Vessel <input type="checkbox"/>			XP Rating:		Class:		Division: Group:					
Environment					3rd Party approval Req'd Yes <input type="checkbox"/> No <input type="checkbox"/>									
					Approval Needed: FM <input type="checkbox"/> UL <input type="checkbox"/> CSA <input type="checkbox"/> Other:									
Temperature:		Minimum:		Maximum:		Cycle:		Available Utilities						
		Humidity:		% RH:		Electrical:		Volts AC:		Volts DC: Hertz:				
		Condensing <input type="checkbox"/>		Non Condensing <input type="checkbox"/>										
Dust/Mists:		Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, which?		Compressed Air:		PSIG:		Volume: Filtered: Yes <input type="checkbox"/> No <input type="checkbox"/>				
Corrosives:		Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, state types.		Signal Required:		4-20 mA		RS-232: RS-485: Other:				
Vibration:		Yes <input type="checkbox"/> No <input type="checkbox"/>				Interferences:		Radio:		EMI: Poisons:				
Splash/Washdown:		Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, which?										
Replacing existing equipment?					Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain why									
Back-up power supply <input type="checkbox"/>					Repeater display <input type="checkbox"/>					Relays <input type="checkbox"/> Alarm delay needed <input type="checkbox"/> Alarms <input type="checkbox"/> Audible <input type="checkbox"/> Visual <input type="checkbox"/>				

CONDITIONS AT DETECTOR (Please use a separate sheet for each type of controller, application or location)											
Location:				Location#:							
Target gas:											
Describe detector / transmitter site:											
Operate other equipment? If yes, state type.											
Any special relays?											
Location Requirements					Hazard Rating						
Indoor <input type="checkbox"/>		Outdoor <input type="checkbox"/>			Hazardous <input type="checkbox"/>		Non Hazardous <input type="checkbox"/>		Restricted Access <input type="checkbox"/>		
Inaccessible <input type="checkbox"/>		Duct or Vessel <input type="checkbox"/>			XP Rating:		Class:		Division: Group:		
Environment					3rd Party approval Req'd Yes <input type="checkbox"/> No <input type="checkbox"/>						
					Approval Needed: FM <input type="checkbox"/> UL <input type="checkbox"/> CSA <input type="checkbox"/> Other:						
Temperature:		Minimum:		Maximum:		Cycle:		Available Utilities			
		Humidity:		% RH:		Electrical:		Volts AC:		Volts DC: Hertz:	
		Condensing <input type="checkbox"/>		Non Condensing <input type="checkbox"/>							
Dust/Mists:		Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, which?		Compressed Air:		PSIG:		Volume: Filtered: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Corrosives:		Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, state types.		Signal Required:		4-20 mA		RS-232: RS-485: Other:	
Vibration:		Yes <input type="checkbox"/> No <input type="checkbox"/>				Interferences:		Radio:		EMI: Poisons:	
Splash/Washdown:		Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, which?							
Replacing existing equipment?					Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain why						

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Optional / Accessories:		
	Yes	
Back-up power supply:		
Repeater display:		
Alarms delay needed:		
Splash guard:		
Filter:		
Hydrophobic:		
Particulate:		
Sample-draw adapter:		
Comp. air/electric pump		
Sample conditioning:		
Heated/cooled? If yes, which?		
Alarms:		
Audible		
Visual		
Display:		
Spare parts:		
Start-up service:		
Service contract:		

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Sketch:

(Please include rough dimensions, note significant features and equipment, suggested sampling sites, etc.)

[illegible]