

TracXP Gas & Flame Detection Systems Application Survey & Project Registration



Date: _____

Channel Partner Representative

Company Name: _____ Representative: _____
E-mail: _____ Ph: _____ Ext.: _____ Mobile: _____

Client Contact Information

Company Name: _____ Company Contact: _____
Address: _____
City: _____ State/Province: _____ Country: _____
E-mail: _____ Ph: _____ Ext.: _____ Mobile: _____

Application Waiver*

Would the customer like to request an application form waiver due to prior experience or success with TracXP Gas Detection products in an identical application. (Please check one and initial)

No Yes: Initials: _____

*By selecting "Yes", you agree that you will assume all responsibility for the application and functionality of the system in this application as it will not have been reviewed by Macurco Gas Detection personnel. You further agree that if the system malfunctions due to misapplication or for any reason not related to defective system components, Macurco Gas Detection will be reimbursed for expenses reasonably incurred by Macurco Gas Detection to make the system operational.

Project Information

Project Name: _____ Project Location/Facility: _____
Project Engineering Group: _____ Contact: _____
E-mail: _____ Ph: _____ Ext.: _____ Mobile: _____

Priority and Time Frame

Submittal Due Date: _____ Project Award Date: _____
Desired Installation Start Date: _____ Other: _____

Terms & Conditions

Please attach a copy of terms and conditions and/or clauses related to this project if applicable.

Startup, Commissioning or Training

Do you require startup or training services by Macurco? (Please check one) Yes No

Notes: _____

Available Power (Please check applicable)

120 VAC 240 VAC 12 VDC 24 VDC

Other: _____

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Other Gases Present? (Potential inhibitors or interferences)

Gas	Concentration Range	Notes

Note any other Inhibitor or Interference Concerns:

Transmitter & Sensor Area Classification (Please check appropriate classification)

Non-Hazardous Hazardous

If Hazardous, Area Classification C1, D1 Groups: _____ C1, D2, Groups: _____

Other: _____

Transmitter & Sensor Environmental (Please check all applicable)

Indoors Outdoors Subject to Wash Down

Temperature Min: _____ Max: _____ Fahrenheit or Celsius

Relative Humidity Min: _____ Max: _____

Special Considerations

Please detail other special considerations below. (If Sample-draw draw is required, please see the Sample-draw survey form)

Potential Interferences

(i.e., dust, mist, steam traps, fans, EMF / RFI sources, large electric motors, large mobile equipment, etc.)

Please check one Yes No

If Yes, please detail below.

Flame Detection

Qty	Type	Flame source (Hydrocarbon, Hydrogen, Natural Gas, etc.)
	UV/IR	
	IR-3	
	IR3-H2	
	Flame Simulator	
		High-Definition Camera Capability Desired (Yes or No)

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Controller (Select with quantity of each Controller)

- TXP-C20(2 channel), Qty: _____
- TXP-C40(4 channel), Qty: _____
- TXP-C16 8 or 16 inputs, Qty: _____
- TXP-C64 16, 32, 48 or 64 inputs, Qty: _____

Controller Inputs (Select with quantity of each)

- 4 – 20 mA inputs, Qty: _____
- Modbus inputs, Qty: _____
- Wireless input, Qty: _____

Controller Outputs (Select with quantity of each)

- 4 – 20 mA outputs, Qty: _____
- Modbus output, Qty: _____
- Wireless output, Qty: _____
- Ethernet, Qty: _____
- Other: _____

Controller Relays (Select with quantity of each)

- Common Relays, Qty: _____
- Discrete Relays, Qty: _____
- Programmable Relays, Qty: _____

Total Relays Required: _____

Controller Form Factor

- NEMA-4X Wall Mount
- 19" Rack Mount
- NEMA7

Controller Area Classification (Please check appropriate classification)

- Non-Hazardous Hazardous

If Hazardous, Area Classification C1, D1 Groups: _____ C1, D2, Groups: _____

Other: _____

Controller Environmental (Please check all applicable)

- Indoors Outdoors Subject to Wash Down

Temperature Min: _____ Max: _____ Fahrenheit or Celsius

Relative Humidity Min: _____ Max: _____

Alarm Annunciation (Select with quantity of each)

- Audible, Qty: _____
- Visual, Qty: _____
- Combo, Qty: _____

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Alarm Area Classification (Please check appropriate classification)

Non-Hazardous Hazardous

If Hazardous, Area Classification C1, D1 Groups: _____ C1, D2, Groups: _____

Other: _____

Alarm Annunciation Environmental (Please check all applicable)

Indoors Outdoors Subject to Wash Down

Temperature Min: ____ Max: ____ Fahrenheit or Celsius

Relative Humidity Min: ____ Max: ____

Calibration (Please check Yes or No)

Calibration materials needed with project Yes No

Notes: _____

Accessories (Please check Yes or No)

Additional accessories needed with project Yes No

If yes, provide description: _____

Battery Backup (Please check Yes or No)

Does the system require battery backup? Yes No

If yes, provide description (desired max run time, etc.): _____

Data Logging (Please check Yes or No)

Does the system require data logging? Yes No

If yes, provide description: _____

Application Drawing (Please check Yes or No)

Is an application drawing or schematic available for review? Yes No

If possible, drawing should include physical attributes of the area, hazard sources, area classifications, typical airflow, air intakes, fans, walls / barriers, etc. Please attach relevant drawing and specifications.

Review (Please review, sign and date application survey)

End-User Name (Please Print)

Channel Representative (Please Print)

End-User Signature

Date

Channel Representative Signature

Date

Approved by Macurco Gas Detection

Macurco Gas Detection Signature

Date