

TracXP Wireless 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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Transmitter Information

Transmitter	Radio Freq.	Sensor 1 Gas	Meas. Units	Integral/Remote	Alarm Value		Scale	Sensor 2 Gas	Meas. Units	Integral/Remote	Alarm Value		Scale	Accessories & Notes*:
					Low	High					Low	High		
WTA1														
WTA2														
WTA3														
WTA4														
WTA5														
WTA6														
WTA7														
WTA8														
WTA9														
WTA10														
WTA11														
WTA12														
WTA13														
WTA14														
WTA15														
WTA16														
WTA17														
WTA18														
WTA19														
WTA20														
WTA21														
WTA22														
WTA23														
WTA24														
WTA25														

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Transmitter Information Continued

Transmitter	Radio Freq.	Sensor 1 Gas	Meas. Units	Integral/Remote	Alarm Value		Scale	Sensor 2 Gas	Meas. Units	Integral/Remote	Alarm Value		Scale	Accessories & Notes*:
					Low	High					Low	High		
WTA26														
WTA27														
WTA28														
WTA29														
WTA30														
WTA31														
WTA32														

Accessories: Splash guards, Remote calibration, etc.

Notes: * LEL Target Gas identification mandatory for survey approval and processing.

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Wireless Signal Strength Validation



Transmitter	Signal Reading*			Average Reading*	Notes:	Transmitter	Signal Reading*			Average Reading*	Notes:
	1	2	3				1	2	3		
WTA1						WTA17					
WTA2						WTA18					
WTA3						WTA19					
WTA4						WTA20					
WTA5						WTA21					
WTA6						WTA22					
WTA7						WTA23					
WTA8						WTA24					
WTA9						WTA25					
WTA10						WTA26					
WTA11						WTA27					
WTA12						WTA28					
WTA13						WTA29					
WTA14						WTA30					
WTA15						WTA31					
WTA16						WTA32					

Wireless Accessories Signal Strength Validation

Wireless Device	Signal Reading*			Average Reading*	Notes:	Wireless Device	Signal Reading*			Average Reading*	Notes:
	1	2	3				1	2	3		
Device1						Device11					
Device2						Device12					
Device3						Device13					
Device4						Device14					
Device5						Device15					
Device6						Device16					
Device7						Device17					
Device8						Device18					
Device9						Device19					
Device10						Device20					

* Wireless signal strength range -40 dBm (Excellent), -75 dBm (Good), -80 dBm (Fair) -83 dBm (Poor)

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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-WCR (32 channel), Qty: _____

Controller Outputs (Select applicable outputs)

- 4 – 20 mA outputs
- Wired Modbus output
- Wireless Modbus output
- Ethernet
- Wi-Fi output
- Other: _____

Controller Relays (Select with quantity of each)

- Common Relays, Qty: _____
 - Discrete Relays, Qty: _____
 - Voting/Zoning Logic
- Total Relays Required: _____

Controller Form Factor

- NEMA-4X Wall Mount
- Stainless Steel
- 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: _____

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: _____

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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 and Solar Panel (Please check Yes or No)

Does the system require battery backup? Yes No

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

Does the system require Solar Power? Yes No

If yes, provide description (power requirements): _____

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