Contact Information

Contact Name: ______________________ Telephone Number: ______________________
Company Name: ______________________ Fax Number: ______________________
Address: ______________________ Email Address: ______________________
City: ______________________ Method of Contact: ______________________
State: ______________________ Zip Code: ______________________

Phone ☐ Fax ☐ Email ☐

System Requirements

1. This system will need to be: Portable ☐ Stationary ☐
   If Stationary, this system will be permanently located Indoors ☐ Outdoors ☐

2. What are the power requirements for this system?
   1-Phase Electric ☐ 3-Phase Electric ☐ Gasoline ☐ Diesel ☐
   If electric, what are the voltage requirements?
   115 VAC ☐ 208 VAC ☐ 230 VAC ☐ 460 VAC ☐ 60 Hz ☐ 50 Hz ☐

3. What type of respirator is being used?
   Pressure Demand Mask ☐ Continuous Flow Mask ☐ Continuous Flow Hood ☐

4. What are the flow and pressure requirements? _______ cfm @ _______ psi

5. Are cooling tubes being used (i.e. Vortex)? If so, what are the flow and pressure requirements?
   _______ cfm @ _______ psi

6. How many workers do you anticipate using this system at any given time? (quote maximum) _______

7. What other types of devices are you planning to use? (pneumatic tools, air vests, etc.)

8. Will remote air manifolds (point-of-attachments) be required? Yes ☐ No ☐

9. Number of remote air manifolds required? 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ Other: _______

10. Number of outlets desired per manifold? 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ Other: _______

11. Will the remote air manifold need to be: Portable (Case Mounted) ☐ Stationary (Wall Mounted) ☐

12. Will audible and/or visual remote alarms be required? Yes ☐ No ☐
   If Yes, Audible ☐ Visual ☐ Both ☐

13. Will this system be used in an IDLH (Immediately Dangerous to Life or Health) environment? Yes ☐ No ☐

14. Are there any special environmental conditions that may exist where the system is located?
   (i.e. rain, chemicals, vapors, dust, heat, cold, etc) ______________________

If help is required, please contact us Monday - Friday 8AM - 5PM EST at (800) 866-8100

PLANT AIR COMPRESSOR QUESTIONNAIRE
Please fill out as completely as possible and fax back to (800) 247-5850.
 Systems International
Manufactured in the U.S.A.
1 (800) 866-8100
1 (757) 424-3967
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