

Industrial Gas Sizing Questionnaire

Company			
Location			
Application			
Contact/s			
Email		Phone	

Existing Air Supply & Accessories

(Complete this section if you plan to use your existing air compressor for the air supply for the Generator)

Operation	Indoor <input type="checkbox"/>	Outdoor <input type="checkbox"/>
Hazardous Area Classification	<i>(please specify)</i>	
Current Compressor	Type/Model	
Compressor Capacity	Nm ³ /hr	Nm ³ /hr
Outlet Air Pressure	Bar g	Bar g
Outlet Air Temperature	°C	°C
Normal Temperature	°C	°C
Ambient Temperature	°C	°C
Cost of Electricity	cents/Kw hr	cents/Kw hr
Air Dewpoint	°C	°C
Oil Content	mg/m ³	mg/m ³

Required Conditions of Gas Supply

(Please complete each section)

Type of Gas Required		
Consumption Pattern	Constant <input type="checkbox"/>	Variable <input type="checkbox"/>
Usage Pattern	Hrs/Day	Days/Week
Min/Max Gas Flow Rate	Nm ³ /hour	Nm ³ /hour
Required Flow Rate	Nm ³ /hour	Nm ³ /hour
Peak Consumption	Nm ³ /hour	Nm ³ /hour



