

Laboratory Gas Sizing Questionnaire

Company			
Location			
Application			
Contact/s			
Email		Phone	

Instrument Details or Application

(Complete separately for each location)

Type - GC etc	Brand/Model	No. per Site	No. & Type of Detectors	Gases Used - cc/min @ ATP		
				N ₂	Air	H ₂

Required Conditions of Gas Supply

(Please complete each section)

Type of Gas Required <i>(Complete for each gas)</i>	Nitrogen <input type="checkbox"/>	Air <input type="checkbox"/>	Hydrogen <input type="checkbox"/>
Consumption Pattern	Constant <input type="checkbox"/> Variable <input type="checkbox"/>	Constant <input type="checkbox"/> Variable <input type="checkbox"/>	Constant <input type="checkbox"/> Variable <input type="checkbox"/>
Usage Pattern - State Units for all.	Hrs/Day =	Days/Week =	
Expected Gas Flow Rate <i>(min/max)</i>			
Required Design Flow Rate <i>(L/min)</i>			
Peak Consumption <i>(L/min)</i>			



