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**CEMS Installation Data Request Form**



***Client Information:***

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| --- | --- | --- | --- |
| **Name:** | | **Date:** | |
| **Company:** | | | |
| **Address:** | | | |
| **City:** | **State:** | | **Zip Code:** |
| **Phone:** | **Mobile:** | | |
| **Email:** | | | |

***Site Information:***

|  |  |  |  |
| --- | --- | --- | --- |
| **Company:** | | **Contact:** | |
| **Address:** | | | |
|  | | | |
| **City:** | **State:** | | **Zip Code:** |
| **Phone:** | **Mobile:** | | |
| **Email:** | | | |

***Application Information:***

Please describe the basic process description, pollution control devices, fuel types, load conditions:

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***Pollutants and parameters to be measured:***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Pollutant / Parameter** | **Max Concentration** | **Min Concentration** | **Average Concentration** | **Range(s)** | **Unit of Measure** |
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***Background Gases:***

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| --- | --- | --- | --- | --- |
| **Pollutant / Parameter** | **Max Concentration** | **Min Concentration** | **Average Concentration** | **Unit of Measure** |
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***Gas Stream Parameters:***

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| --- | --- | --- | --- | --- |
| **Parameter** | **Max** | **Min** | **Average** | **Unit of Measure** |
| H2O |  |  |  | % |
| CO2 |  |  |  | % |
| Particulate |  |  |  | Mg/M3 |
| Particulate Size |  |  |  | Micron |
| Temperature |  |  |  | F |
| Static Pressure |  |  |  | “H2O |
| Flow Rate |  |  |  | SCFM |

***Sample Location:***

|  |  |  |
| --- | --- | --- |
| **Parameter** | **Measurement** | **Unit of Measure** |
| Stack Height at Sample Point |  | Ft |
| Nearest Upstream/Downstream Disturbance |  | Ft |
| Sample Port Type |  |  |
| Sample Port Size |  |  |
| Sample Port Length |  | In |
| Distance to from Sample Port to Instrument Location |  | Ft |
| Cable Tray Installed |  | % |
| Available Electrical Circuits at Sample Port |  |  |
| Platform Width at Port |  | Ft |
| Platform Access |  |  |

***Instrument Location:***

|  |  |
| --- | --- |
| **Parameter** | **Description** |
| System located Indoor or Outdoor Location |  |
| If Indoor is the Location Climate Controlled |  |
| If Outdoor is There a Hazardous Location Rating |  |
| AC Power Available at System Location |  |
| Compressed Dry and Oil Free Air Supply at System Location |  |
| Compressed Air Supply Pressure |  |
| Automatic Calibration Required |  |
| Automatic Cylinder Gas Audit Desired |  |
| Preferred Communication Protocol |  |
| Calibration Gas Requirements |  |

***Plant Process Inputs:***

|  |  |  |
| --- | --- | --- |
| **Parameter** | **Range** | **Unit of Measure** |
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***Regulation Requirements or Reason For CEMS Installation:***

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***Any Additional Information that will Assist AMP-Cherokee in preparing quotation:***

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Permanent Installation

Temporary Installation

Site Visit Requested

Required Installation Date:

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Thank you for the opportunity for AMP-Cherokee to work with your upcoming CEMS needs. Please feel free to contact us with any questions regarding this form or your project.