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**Opacity Application Questionnaire**

***Customer Information:***

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

***Application:***

|  |
| --- |
| Description of process or application were the opacity monitor is intended to be used:  |
|  |

***Sample Location and Gas Stream Parameters***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Parameter** | **Maximum**  | **Minimum**  | **Average**  | **Units** |
| Gas Opacity |  |  |  |  |
| Gas Temperature |  |  |  |  |
| Gas Pressure |  |  |  |  |
| Flow Rate |  |  |  |  |
| Duct/Stack Dimensions\* |  |
| Port Size, Type and Configuration |  |
| Distance from Port to Control Panel Location |  |

***Additional Information:***

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