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**Opacity Application Questionnaire**

***Customer Information:***

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

***Application:***

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| --- |
| 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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