

# Quadrupole Mass Spectrometer Application Questionnaire

Proposal Due: \_\_\_\_\_

Budgetary:  Yes  No

Requesting Company: \_\_\_\_\_

Contact: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

If Requesting Company is not the end user:

End User Company\*: \_\_\_\_\_

End User Contact: \_\_\_\_\_

End User Address: \_\_\_\_\_

*\*End User Company will be displayed on the analyzer tag unless noted otherwise*

## Analyzer Requirements

Analyzer Enclosure Type:  Painted  Stainless Steel  
(Select one) (Standard)

Power Requirements:  115vAC +/- 10%, 60 Hz +/- 5%  115vAC +/- 10%, 50 Hz +/- 5%  
(Select one)  
 220vAC +/- 10%, 50/60 Hz +/- 5%

Area Classification:  General Purpose  
(Select one)  
 Class 1 Division 1  Class 1 Division 2  
 IECEx/ATEX Zone 1  IECEx/ATEX Zone 2

Additional Certifications: \_\_\_\_\_  
(Specify)

Installation Area Temperature: Range \_\_\_\_\_  °C  °F  
Normal \_\_\_\_\_

Analyzer Cooling:  Air Conditioner  Water Cooled  Fan Cooled  
(Select one)

Analyzer Tag Name(s): \_\_\_\_\_

## Sample Requirements

Number of Sample Points: \_\_\_\_\_

Sample Frequency: \_\_\_\_\_ sample points in \_\_\_\_\_ minute(s)

Sample Pressure: Range \_\_\_\_\_ Units \_\_\_\_\_ Number of Sample Points: \_\_\_\_\_

Range \_\_\_\_\_ Units \_\_\_\_\_ Number of Sample Points: \_\_\_\_\_

*If sample is ambient pressure or under vacuum:*

Sample Tubing Length: Longest \_\_\_\_\_  Meters  Feet

Range \_\_\_\_\_  Meters  Feet

Sample Tubing Inner Diameter: \_\_\_\_\_

Requested Clearing Time: \_\_\_\_\_ Seconds

Is the sample heat traced?  Yes  No

If Yes: Temperature \_\_\_\_\_  °C  °F  
(Select one)

Is the sample corrosive?  Yes  No

If Yes: Compound(s) \_\_\_\_\_ Estimated Concentration \_\_\_\_\_  ppm  %

\_\_\_\_\_ Estimated Concentration \_\_\_\_\_  ppm  %

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**External Communications**

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External Communications?  Yes  No  
(If yes, select at least one (1) communication type below)

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**Modbus**

TCP/IP (Ethernet) Redundant?  Yes  No

RS422  
 2-wire Redundant?  Yes  No  
 4-wire Redundant?  Yes  No

RS485  
 2-wire Redundant?  Yes  No  
 4-wire Redundant?  Yes  No

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External Control  Yes  No

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**Fiber Optics**

Single Mode  
 SC Connectors  ST Connectors  
Cables Required?  Yes  No Length? \_\_\_\_\_  Feet  Meters

Area Classification  Safe  Hazardous

Multimode  
 SC Connectors  ST Connectors  
Cables Required?  Yes  No Length? \_\_\_\_\_  Feet  Meters

Area Classification  Safe  Hazardous

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**Analog**

Outputs  
 4-20mA (Most Common) Number of Channels \_\_\_\_\_  
 Requested Voltage \_\_\_\_\_ Number of Channels \_\_\_\_\_

Inputs  
 4-20mA (Most Common) Number of Channels \_\_\_\_\_  
 Requested Voltage \_\_\_\_\_ Number of Channels \_\_\_\_\_

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**Digital**

Outputs  
 Powered 24VDC at 2A/Channel Number of Channels \_\_\_\_\_  
(Most Common - Extrel Supplies Power)  
 Not Powered 0-24 VAC/VDC at 2A/Channel Number of Channels \_\_\_\_\_  
(Customer Supplies Power)

Output Relays  
 Powered (Extrel Supplies Power)  0-30 VDC at 2A inductive or 5A  $\Omega$  Number of Controls \_\_\_\_\_  
 0-230 VDC at 2A inductive or 5A  $\Omega$  Number of Controls \_\_\_\_\_  
 Not Powered (Customer Supplies Power)  0-30 VDC at 2 A/Channel Number of Controls \_\_\_\_\_  
 0-125 VAV at 0.5 A/Channel Number of Controls \_\_\_\_\_

Inputs  
 24 VDC Number of Channels \_\_\_\_\_

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OPC DA 2.0  Yes  No

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**Other**

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Check the appropriate box

**Misc.**

Yes	No	Quote as Option	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Operator Training Course at Extrel
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sample Port Labels
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cart
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Remote Work Station <input type="checkbox"/> Desktop <input type="checkbox"/> Laptop
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Air Conditioner Hot Air Exhaust Duct

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**Testing Options**

Yes	No	Quote as Option	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Factory Acceptance Test at Extrel (FAT)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Custom FAT Gas Cylinders at Extrel
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Factory Acceptance Test at System Integrator (IFAT)

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**Coverage Options**

Yes	No	Quote as Option	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Factory Contract Coverage (2 years)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Warranty Extension (12 Months)

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**Documentation Options**

Yes	No	Quote as Option	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Printed Software Manual
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	IQ/OQ Documentation (Pharma)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Customer Connections
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MAX300 Modbus Map
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MAX300 Customer Specific Drawings

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**Spares Kits**

Yes	No	Quote as Option	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 year
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 years
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5 years

**Stream Composition Information**

All components in the stream must be included in the list to ensure proper analysis. An Excel spreadsheet may be submitted in place of completing the forms below. If submitting more than 5 streams for review, provide the full compositional data in an Excel spreadsheet.

**Stream 1 or Condition 1**

Name/Description \_\_\_\_\_

Sample Pressure \_\_\_\_\_

	Name (No Abbreviations! - CAS number is acceptable)	Normal	Min	Max	Units (%)
1					%
2					%
3					%
4					%
5					%
6					%
7					%
8					%
9					%
10					%
11					%
12					%
13					%
14					%
15					%
16					%
17					%
18					%
19					%
20					%
21					%
22					%
23					%
24					%
25					%
26					%
27					%
28					%
29					%
30					%

Total: \_\_\_\_\_

Total must add to 100%

**Additional Notes:**

**Stream Composition Information (Continued)**

All components in the stream must be included in the list to ensure proper analysis.

**Stream 2 or Condition 2**

Name/Description \_\_\_\_\_

Sample Pressure \_\_\_\_\_

	Name (No Abbreviations! - CAS number is acceptable)	Normal	Min	Max	Units (%)
1					%
2					%
3					%
4					%
5					%
6					%
7					%
8					%
9					%
10					%
11					%
12					%
13					%
14					%
15					%
16					%
17					%
18					%
19					%
20					%
21					%
22					%
23					%
24					%
25					%
26					%
27					%
28					%
29					%
30					%

Total: \_\_\_\_\_

Total must add to 100%

**Additional Notes:**

**Stream Composition Information (Continued)**

All components in the stream must be included in the list to ensure proper analysis.

**Stream 3 or Condition 3**

Name/Description \_\_\_\_\_

Sample Pressure \_\_\_\_\_

	Name (No Abbreviations! - CAS number is acceptable)	Normal	Min	Max	Units (%)
1					%
2					%
3					%
4					%
5					%
6					%
7					%
8					%
9					%
10					%
11					%
12					%
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16					%
17					%
18					%
19					%
20					%
21					%
22					%
23					%
24					%
25					%
26					%
27					%
28					%
29					%
30					%
	<b>Total:</b>				

Total must add to 100%

**Additional Notes:**

**Stream Composition Information (Continued)**

All components in the stream must be included in the list to ensure proper analysis.

**Stream 4 or Condition 4**

Name/Description \_\_\_\_\_

Sample Pressure \_\_\_\_\_

	<b>Name (No Abbreviations! - CAS number is acceptable)</b>	<b>Normal</b>	<b>Min</b>	<b>Max</b>	<b>Units (%)</b>
1					%
2					%
3					%
4					%
5					%
6					%
7					%
8					%
9					%
10					%
11					%
12					%
13					%
14					%
15					%
16					%
17					%
18					%
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20					%
21					%
22					%
23					%
24					%
25					%
26					%
27					%
28					%
29					%
30					%

**Total:** \_\_\_\_\_

Total must add to 100%

**Additional Notes:**

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*Stream Composition Information (Continued)*

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All components in the stream must be included in the list to ensure proper analysis.

**Stream 5 or Condition 5**

Name/Description \_\_\_\_\_

Sample Pressure \_\_\_\_\_

	Name (No Abbreviations! - CAS number is acceptable)	Normal	Min	Max	Units (%)
1					%
2					%
3					%
4					%
5					%
6					%
7					%
8					%
9					%
10					%
11					%
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20					%
21					%
22					%
23					%
24					%
25					%
26					%
27					%
28					%
29					%
30					%

**Total:** \_\_\_\_\_

Total must add to 100%

**Additional Notes:**



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