

HUMIDITY MEASUREMENT APPLICATION QUESTIONNAIRE



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For an IMMEDIATE quotation, fill in the appropriate details below and return to ABLE

Name: _____ Postcode: _____
Company: _____ Telephone: _____
Address: _____ Fax: _____
_____ Email: _____

PROCESS DETAILS:-

Required Humidity Measurement Range _____ Precipitated Control Point _____
(if applicable)
Accuracy required _____ Nature of Process Gas _____
(e.g., Ambient Air, Instrument Air)
Pressure of Process Gas _____ Temperature of Process Gas _____
Any likely contamination (oils, dust, etc.) Specify details _____

Measurement location In-situ Extractive Sample

ENVIRONMENTAL DETAILS

Measurement location Indoors Outdoors
Area Classification Safe Hazardous - Specify: _____
Electronics Location Indoors Outdoors
Area classification Safe Hazardous - Specify: _____
Ambient Temperature: Measurement Location _____ Electronics _____

INSTALLATION DETAILS:-

Available Power 110 VAC 240 VAC 15 VDC 24 VDC
Local Display Required NO YES
Analogue Signal Required NO YES
- Specify Type (4-20mA, 1-5 vDC etc)
Alarm Relays Required NO YES
- Specify Quantity and Type
Additional details/Process Sketch _____

ABLE Instruments & Controls Limited.

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