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Stationary Monitor Application Worksheet

Name:

Title:

Company:

Address:

City:

State

Zip

Telephone:

FAX:

E-mail:

Project Name or Reference:

1. Please describe the application:

2. Gases/vapors to be monitored and ranges (ppm, %LEL or % by volume)?

3. What is the source of the gas or vapor?

4. Interference gases and possible concentrations (ppm, % LEL or % by volume) if any?

5. Operation temperature range, at the sensor? At the control panel?

6. Humidity range, at the sensor? At the control panel?

7. What is the expected concentration of the target gas(es) or vapor(s) during normal operation?

8. Type of instrument required:

Controller:

Wall Mounted

Rack Mounted

Explosion-proof

Customer supplied

Sensor/Transmitter:

Without display (EN Series)

With digital display (SDS Series)

Pushbutton Calibration (SDS-97D)

Explosion-proof

9. Number of sensor points required:

10. Maximum distance from Sensor to Controller: feet

11. Power: 120 240 VoltsAC 50 60 Hz or VoltsDC

12. Battery Backup Required? YES NO How Long?

13. Will the controller or the sensor-transmitter be installed in a hazardous location?

14. Please provide a sketch of the area to be monitored showing approximate distances and source of the target gas.