

Cyclone



**Explosion Protection System
Information Worksheet**
Version 1.9

Completed by: _____
 Company: _____
 Date: _____
 Tel No.: _____
 E-mail: _____
 Proposal Due Date: _____

CYCLONE

Proposal to be sent to:

Contact:	_____	Title:	_____
Company Name:	_____	Telephone:	_____
Address:	_____	Fax:	_____
		E-mail:	_____
PROJECT NUMBER/REF:	_____		

Please provide end-user information if different than above:

Contact:	_____	Title:	_____
Company Name:	_____	Telephone:	_____
Address:	_____	Fax:	_____
		E-mail:	_____

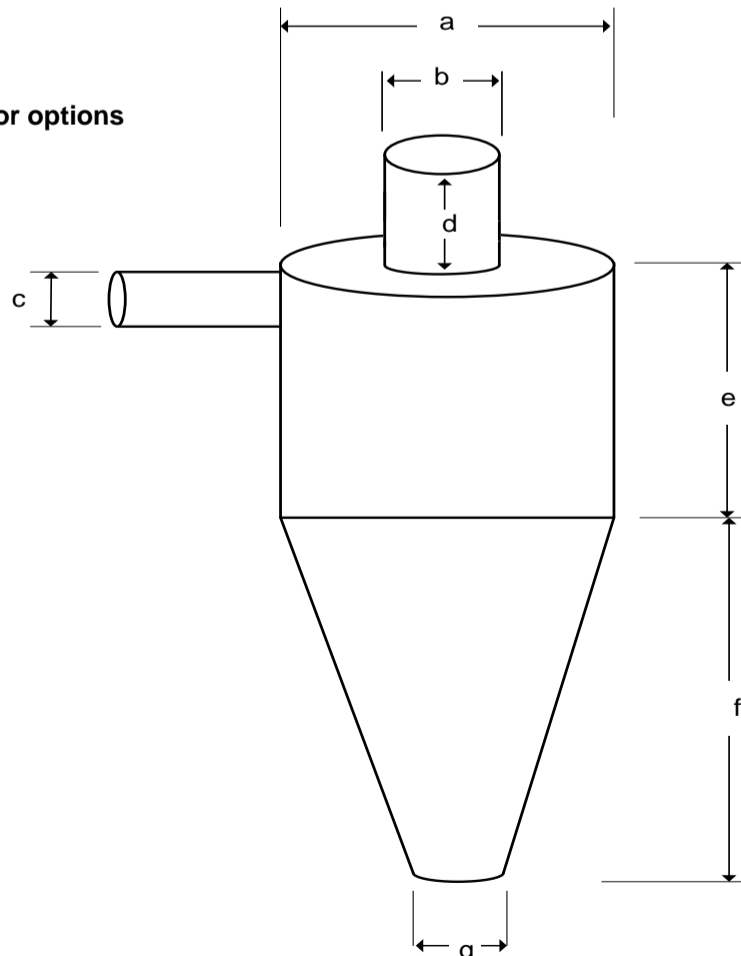
Explosion Protection Options (click boxes for desired options)		Combustible Material:	
Explosion Relief Venting	<input type="checkbox"/>	Material:	_____
Flameless Venting	<input checked="" type="checkbox"/> Yes	K_{st} or K_g :	_____ bar-m/sec
Vent Pstat (if applicable)	<input type="checkbox"/>	Ignition Temperature, T_c :	_____ °C
Explosion suppression	<input type="checkbox"/>	Material Name:	_____
Explosion Isolation	<input type="checkbox"/>	P_{max} :	_____ bar g
Type of Isolation	<input type="checkbox"/>	MIE:	_____ mJ
Exhaust air recirculates back to building?	<input type="checkbox"/>		
Would you like to receive information on dust testing ? <input type="checkbox"/>			

Process Operating Conditions:		Click box for options		Click box for options	
Max. positive pressure:	_____	Airflow:	_____ SCFM		
Max. vacuum:	_____	Reduced Exp. Pres. (P_{RED}):	_____ bar		
Max. Temperature:	_____	Cyclone Location:	_____		
Min. Temperature:	_____	Distance to exterior wall:	_____ ft		
Ambient Temperature:	_____				

Process Description:

Process Equipment:

Manufacturer:	_____		
Model:	_____		
Cyclone inlet type	<input type="checkbox"/>	Click box for options	
Cyclone outlet type	<input type="checkbox"/>		
Cyclone diameter	a	_____	<input type="checkbox"/>
Exhaust diameter	b	_____	<input type="checkbox"/>
Inlet diameter	c	_____	<input type="checkbox"/>
Outlet plenum height	d	_____	<input type="checkbox"/>
Cylinder section height	e	_____	<input type="checkbox"/>
Hopper height	f	_____	<input type="checkbox"/>
Hopper discharge dia.	g	_____	<input type="checkbox"/>



IEP Technologies NOTES:
