

Oxidizer Inquiry Form

Name **A1** Your purpose in providing the information is to allow us to:

Company Provide firm quotation to be used for immediate purchase

Phone Provide budget estimate

Email Other:

B1 Total Gas flow rate: **A2** How soon/by what date do you wish us to respond?

Fluctuations in volume and/or temperature:

B2 Contaminants – generic description: **B3** Pressure drop other than oxidizer:

Acids NOx

Others:

Requirements:

Name	Influent Conc.	PPM / mg/m3	Effluent Conc.	PPM / mg/m3	% removal

C1 Type of Oxidizer desired: **C2** Fuel Available:

Other:

C3 Burner Insurance Rating: **C4** Flame Arrestor Required:

UL FM IRI

C5 LEL Monitor & Controller: **C6** Heat Recovery Required:

C7 Electrical Requirements: (Area Classification) **C8** Electrical Service Available: (230/460/3 ph)

Other:

C9 Minimum Ambient Air Temperature (Location): **C10** Are there other requirements or specs to be met?

D1 Estimated time of procurement/contract aware is within the next

2 Months

3-6 Months

7-12 Months

Over 1 Year

Additional Information/Comments:

Please fill out the form as completely as possible to help us understand your application.

Email completed form to information@branchenv.com

(Disregard questions not applicable).