

# Questionnaire for Quote

**Hydrogen & Oxygen  
Nitrogen & Air**

Date:

Company name and address:	Contact name and position:	Phone, fax and e-mail:

<b>Type of gas needed</b>	Oxygen / Nitrogen	Hydrogen / Air
<b>Please describe application</b>	   	

<b>Current supply of gas</b>	 	
<b>Current cost of gas supply</b>	 	 
<b>Required purity, % / ppm</b>	 	 
<b>Required pressure, @ bar</b>	 	 
<b>Normal gas flow rate, (m<sup>3</sup>/h)</b>	 	 
<b>Operation per hour, (min)</b>	 	 
<b>Operation per day, (hrs)</b>	 	 
<b>Operation per week, (days)</b>	 	 
<b>Operation per year, (days)</b>	 	 
<b>Peak gas flow rate, (m<sup>3</sup>/h)</b>	 	 
<b>Duration of peak, (min)</b>	 	 
<b>Frequency of peak, h/day</b>	 	 
<b>Plant location, In- or Outdoor</b>	 	 
<b>Max./min. temperature, °C</b>	 	 

<b>Safe / Hazardous area class</b>		
<b>Compressed air , yes / no</b>		
<b>Air quantity, m<sup>3</sup>/h or l/min</b>		
<b>Air pressure, @ bar</b>		
<b>Air temperature, °C</b>		
<b>Air quality, dry + oil free / wet</b>		
<b>Power supply, V/ph/Hz</b>		

Other comments or requirements: