Questionnaire for gas counting unit

(operating unit, commercial & technical)

**Firm:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Place:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Manager:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone\fax:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
| **№ п/п** | **Performances** | | **Data** |
| **1** | **2** | | **3** |
| **Data** | | | |
|  | Purpose and field of application | |  |
|  | Account purpose Commercial or Technical | |  |
|  | Climatic performance and category for  placement according to GOST 15150-69 | |  |
|  | Air temperature, ° C | min |  |
| max |  |
|  | Room hazardous Grade under PUE | |  |
| **Characteristic of the WORKING BODY** | | | |
|  | Name of the working body | |  |
|  | Consumption, m3 / day | |  |
|  | Inlet pressure MPa (g). | |  |
|  | Working body’ temperature, ° C | |  |
|  | Gas density at 20 ° C, kg / m3 | |  |
|  | Gas composition, % of weight: | |  |
|  | СН4 | |  |
|  | С2Н6 | |  |
|  | С3Н8 | |  |
|  | i-C4Н10 | |  |
|  | n-C4Н10 | |  |
|  | i-C5Н12 | |  |
|  | n-C5Н12 | |  |
|  | C6Н14+ | |  |
|  | C7Н16+ | |  |
|  | CO2 | |  |
|  | N2 | |  |
|  | O2 | |  |
|  | Н2S | |  |
|  | Н2О | |  |
| **EQUIPMENT** | | | |
|  | Block input filter: (equipped with - yes or no) | |  |
|  | Number of measuring lines block, pcs. | |  |
| **Automation equipment, the measuring data** | | | |
|  | Instrumentation (presence: Yes or No) | |  |
|  | Control system and data processing: (presence Yes or No) | |  |
|  | Automated Work Place of the Operator (presence Yes or No) | |  |
|  | Volume flow: Yes, No  Measurement error, % | |  |
|  | Mass flow: Yes, No  Measurement error, % | |  |
| EXPLORATION AND OPERATION’ CONDITIONS | | | |
|  | Delivery mode: by blocks or not (not by blocks) | |  |
|  | Required product’ life, in years | |  |
|  | Location of the technological process control station | |  |
|  | Product’ location (indoor or outdoor ) | |  |
|  | Air temperature inside the room | |  |
|  | Name of the Project Institute  Phone number | |  |
|  | Additional requirements | |  |

**Stamp \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of the head of the enterprise (division)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature**