

CENTRAL SYSTEM QUESTIONNAIRE



Contact _____ Title/Department _____
Company _____ Request Date _____
Phone Number _____ E-mail _____
Your office location _____ (city, state) _____

I. GENERAL PROJECT INFORMATION

End User _____
Project Name _____
Project Location (nearest city and state/province) _____

Needs Assessment

Ready to Purchase Budgetary/Shopping
Estimated date of procurement _____ Estimated delivery of equipment _____

II. ENVIRONMENT

Incoming Water Temp: Min _____ Max _____ Degree F Degree C
Ambient Air Temp: Min _____ Max _____ Degree F Degree C

III. SYSTEM INFORMATION

Tempering System Location

Indoor _____ Outdoor _____
Water Supply Pressure: Min: _____ Max: _____
How many shower/eyewash locations must run simultaneously? One (1) Two (2)

IV. PIPING DETAILS

Shower recirculation loop? YES NO
Loop: Length _____ Location Indoor Outdoor Both
Piping: Size _____ Material _____ Wall Thickness _____
Pipe insulation: Material _____ Thickness _____ R value _____
Distance to Furthest Shower: _____
Elevation of Highest Shower: _____
Do you require Dual/Redundant Pumps? YES NO

If available, please attach a facility or shower loop layout drawing.

Additional questions on next page

V. ELECTRICAL REQUIREMENTS

TYPE 4 (Haws® Standard) TYPE 4X Where Applicable

Are the tempering systems to be located in hazardous locations? YES NO

Power Supply: Voltage 208 V Single Phase 50 Hz
240 V Three Phase 60 Hz
480 V
575 V
600 V

VI. SPECIAL REQUIREMENTS

Are there specifications to which this equipment must comply? YES NO

If yes, please attach specifications.

Standard submittal documentation consists of GA, P&ID, electrical schematic and O&M manual.

Is additional documentation required? YES NO

If additional documentation is required, please attach list.

Are there specific requirements for tagging or nameplates? YES NO

If yes, please attach requirements.

VII. NEW SHOWERS AND EYEWASHES

Please complete this section if you require a quote for new showers, combo units, and/or eye/face washes.

Shower/Combination Unit Locations

Number Indoor _____

Number Outdoor _____

Galvanized (Standard)

Stainless Steel (Corrosion Resistant)

Heat Traced & Insulated Stick Shower

Eyewash Locations

Number Indoor _____

Number Outdoor _____

Galvanized (Standard)

Stainless Steel (Corrosion Resistant)