



SENTRY EQUIPMENT CORP

Sampling Solutions • Specialty Heat Exchangers

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SAMPLE SYSTEM PROPOSAL REQUEST

Date		Company	
Station		Address	
Contact		Phone	
Title		Fax	
Email			

Note: Please circle appropriate units below.

	Sample Point	Pressure PSIA/Bar	Temperature °F/°C	Flow cc/min	Analyses desired (see codes below)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

Code	Analyzer	Manufacturer if you have a preference	Dedicated or shared
S.C.	Specific Conductivity		
C.C.	Cation Conductivity		
D.O.	Dissolved Oxygen		
SiO ₂	Silica		
Hydr.	Hydrazine		
pH	pH		
Na	Sodium		
PO ₄	Phosphate		
GS	Grab Sample		

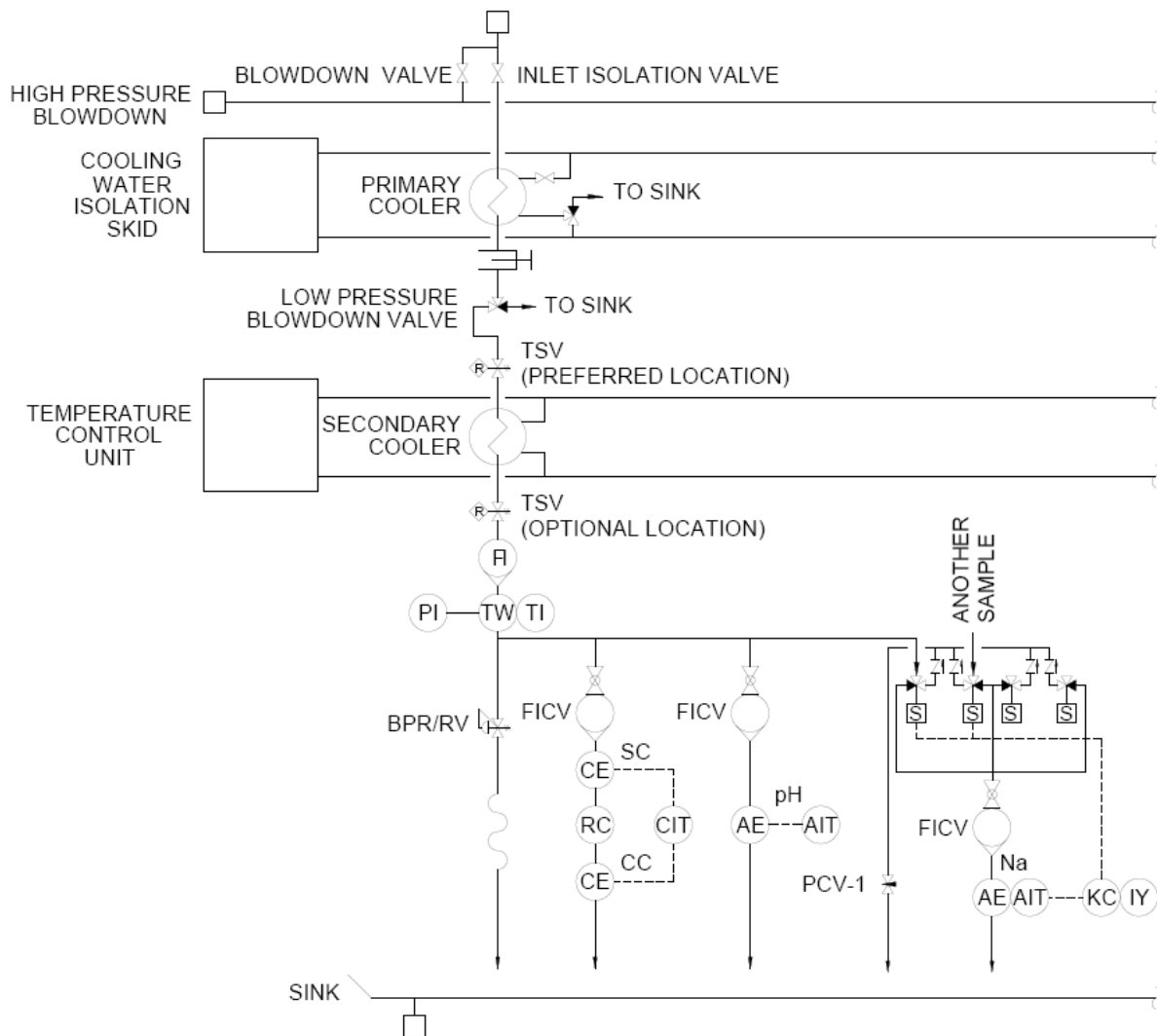
General: Maximum Cooling Water Temperature _____ °F/°C
 Cooling Water Source (i.e. river water, clean, closed loop) _____

Please select the desired options:

- | | |
|---|--|
| <input type="checkbox"/> High Pressure Blowdown | <input type="checkbox"/> Low Pressure Blowdown |
| <input type="checkbox"/> Secondary Cooling | <input type="checkbox"/> Recovery header |
| <input type="checkbox"/> Thermal Shut Off Valve | <input type="checkbox"/> Total Flow Indicators <input type="checkbox"/> Glass <input type="checkbox"/> Plastic |
| <input type="checkbox"/> Analyzer time sharing | Which analyzers and samples: |
| <input type="checkbox"/> Temperature Control Unit for secondary cooling | |

Electrical service, after reviewing typical P&ID below: _____ (voltage, freq., phase)

Other Notes: _____



Please FAX this form back to 262-567-4523 or email to sales@sentry-equip.com