

Advanced Sensor Technologies, Inc.

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Iotron™ Process pH/ORP Equipment Application Questionnaire

Company: Name and Address: _____

Contact Person: Name, Phone & Fax Number, E-mail address: _____

Sample Information:

Description: _____

Major Constituents & Concentrations: _____

Solvent Contents: _____

Particulates Content: _____

Viscosity: _____ Max. Pressure: _____

Temperature: _____ Flow Rate: _____

Target pH/ORP Range: _____ Fluctuation Range: _____

Process Instrumentation:

Make & Model Number: _____

Distance to Sensor: _____ Preamplifier Used: _____

Other Related Equipment (i.e. pumps, controllers, pid's, recorders): _____

System Diagram: Please attach a sketch of sensor installation and overall process setup.

Sensor Information:

Make & Model Number: _____

Type (pH/ORP): _____ Cable Length: _____

Configuration: _____ Orientation: _____

Current Lifetime: _____ Desired Lifetime: _____

Failure Mechanism: _____

Frequency of Cleaning: _____ Cleaning Process: _____

Frequency of Calibration: _____ Desired Frequency: _____

Buffer pH/ORP Values: _____

Desired features not available with currently used sensor: _____

Comments: _____