

## **FILL COMPRESSOR QUESTIONNAIRE**

Please fill out as completely as possible and fax back to (800) 247-5850. If help is required, please contact us Monday - Friday 8AM - 5PM EST at (800) 866-8100

	Conta	ct Information		
	Compa Addres City: State:	ct Name:	Telephone Number:	
	1.	Would you prefer a mobile or stationary system?	Portable Stationary Trailer Mounted Skid Mounted	
	2.	Which power source would you prefer?	1-Phase Electric   3-Phase Electric     Gasoline   Diesel	
850	3.	If electric: Voltage: 208 VAC 230 VA What pressure SCBA/SCUBA cylinders do you need		
-247-5	4.	2216 PSI3000 PSI450What is the maximum number of these cylinders to	0 PSI 5000 PSI be filled per day (per use)?	
<b>1-800</b>	5.	0-5 6-10 11-14 15- What is the CFM outputcfm and pressure		
, the second sec	_	Would you like a carbon monoxide monitor installed	1? Yes No	
Fax	Fill Sta	ation		
ere and	3	What kind of fill station is preferred? NFPA-1901 Compliant Full Containment	Partial Containment 🗌 None 🗌	
Cut Hel	2.	If none, what length fill whip is required? 5 Ft 25 I		
1	3.	What kind of control panel is required? Case	cade-Style 🗌 Bulk-Style 🗌	
	4.	Do you need safety fill adapters? Yes	No	
		If yes, which pressure set(s) will you require? 221	6 PSI 🔲 3000 PSI 💭 4500 PSI 💭	
	5.	How many SCBA's would you like to fill simultaneou	isly? One 🗌 Two 🗌 Three 🗌	
	Air Sto	Storage		
1 1 1 1	1.	Will you be purchasing an air storage system? Yes	No - Using Existing Cylinders	
	2.	If you are using existing cylinders, do you still need connection hardware? Yes No No Will you prefer high pressure flexible whips or rigid stainless steel tubing? Flexible Whips Rigid Stainless Steel		
	3.	Storage Rack preferences: Vertical 🗌 Horizontal	Wall Mountable Free Standing	
	4.	How many storage cylinders would you like in this s	system? 2 4 6 6 8 10 1	