

CUSTOM ENGINEERING

Infrared Questionnaire

Thank you for your inquiry on our Infrared Family of products. To help us insure that this line will meet your requirements, please answer the questions below and fax to: 203-359-7890, ATT: Quotation Dept.

Name: _____ Title: _____

Company: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Ext: _____ Fax: _____

1. Please give a brief description of your process and include a sketch:

2. How is Product Heated: _____
(For example: Induction heating)

3. Desired Temperature Range From: _____ **To:** _____

4. Actual Operating Temperature: _____

5. Desired Size of Spot to be Measured: _____

6. Size of Target/Object to be Measured: _____

7. What is the Material Being Monitored: _____
(For example: Oxidized Copper Bars)

8. Separation Between Target and Sensor Min.: _____ **Max.:** _____

9. Sensor Cable Length (If Applicable) Minimum: _____ **Maximum:** _____

10. Ambient Temperature at Sensor Cable: _____

11. Desired Response Time: _____

12. Is Product Moving? () No () Yes Continuously at _____ Ft/Min

() Yes Intermittently _____ In Field of View for _____ (time)

13. Interference Between Sensor and Product: _____
(For example: Occasional smoke)