

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	GU INIOTHIAUOH
Compa Addres City:	Cellular Number: Method of Contact:
State:	Zip Code: Phone Fax Email
Fill Co	mpressor
1.	Would you prefer a mobile or stationary system? Portable Stationary Stationary Skid Mounted Skid Mounted
2.	Which power source would you prefer? 1-Phase Electric Gasoline Diesel Diesel
2	If electric: Voltage: 208 VAC 230 VAC 460 VAC Hertz: 60 Hz 50 Hz What pressure SCBA/SCUBA cylinders do you need to fill?
3.	2216 PSI 3000 PSI 4500 PSI 5000 PSI
4.	What is the maximum number of these cylinders to be filled per day (per use)? 0-5
5.	What is the CFM outputcfm and pressurepsi required?
6.	Would you like a carbon monoxide monitor installed?
Fill Sta	ntion
1.	What kind of fill station is preferred?
	NFPA-1901 Compliant Full Containment Partial Containment None
2.	If none, what length fill whip is required? 5 Ft. 10 Ft. 15 Ft. 25 Ft. 50 Ft. 100 Ft.
3.	What kind of control panel is required? Cascade-Style Bulk-Style
4.	Do you need safety fill adapters? Yes No
	If yes, which pressure set(s) will you require? 2216 PSI 3000 PSI 4500 PSI
5.	How many SCBA's would you like to fill simultaneously? One Two Three
Air Sto	orage
1.	Will you be purchasing an air storage system? Yes No - Using Existing Cylinders No - Not Using Storage
2.	If you are using existing cylinders, do you still need connection hardware? Yes No Will you prefer high pressure flexible whips or rigid stainless steel tubing? Flexible Whips Rigid Stainless Steel No
3.	Storage Rack preferences: Vertical Horizontal Wall Mountable Free Standing
4.	How many storage cylinders would you like in this system? 2 4 6 8 10

ArnoldFireEquipment.com 610-273-7073