

FlareSpection

APPLICATION ANALYSIS FORM

Date: _____

Company: _____
Contact Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____
Email: _____

Analysis Completed by: Customer Rep/Sales _____

Project ID (Name/Project #): _____

New Construction After-Market Installation

Flare Stack Location if different from above

Company: _____
Address: _____
Location (City, State): _____
or Longitude: _____ Latitude: _____

Customer Currently Using Infrared Yes No

If Yes, Who's product and is there a performance issue? _____

Application Requirements?

Pilot Monitoring (Check all that Apply)

Will the signal be used for:

- Recording pilot status for governmental compliance
- DCS alarms
- Individual pilot detection
- Flame out signal generation for flame front generator
- Other: _____

Flaring Monitoring (Check all that Apply)

Will the signal be used for:

- Flaring confirmation signal
- Flaring flame size
- Assist Gas control
- Flaring alarm (below minimum flaring flame size/volume/no flame)
- Other: _____

Special and/or Governmental and/or other requirements:

Please provide the following drawings:

1. Flare stack overall dimensional drawing with flare tip locations and orientation to true north; Client drawing Name/#: _____
2. Flare tip drawings with flare tip identifications and pilots location and orientation to true north; Client drawing Name/#: _____
3. Plant local plot of area around flare with true north indicated; Client drawing Name/#: _____

.....
Flare Name/identification #: _____

Height of flare stack: _____ Flare Stack Type? (Guy Wire or Derick) _____

Number of flare tips on flare stack? 1 2 3 4 Other: _____

.....
Flare Tip #1 Client Flare Tip Name/Identification #/Service: _____

Diameter of flare tip: _____

Number of Pilots: _____

Pilot gas? _____

Does this flare tip have working pilot thermocouples? _____ If so, how many? _____ Note: Indicate on drawings which T/C work

Type of gases flared: _____

Comments: _____

.....
Flare Tip #2 Client Flare Tip Name/Identification #/Service: _____

Diameter of flare tip: _____

Number of Pilots: _____

Pilot gas? _____

Does this flare tip have working pilot thermocouples? _____ If so, how many? _____ Note: Indicate on drawings which T/C work

Type of gases flared: _____

Comments: _____

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Flare Tip #3 Client Flare Tip Name/Identification #/Service: _____

Diameter of flare tip: _____

Number of Pilots: _____

Pilot gas? _____

Does this flare tip have working pilot thermocouples? _____ If so, how many? _____ Note: Indicate on drawings which T/C work

Type of gases flared: _____

Comments: _____

.....
Flare Tip #4 Client Flare Tip Name/Identification #/Service: _____

Diameter of flare tip: _____

Number of Pilots: _____

Pilot gas? _____

Does this flare tip have working pilot thermocouples? _____ If so, how many? _____ Note: Indicate on drawings which T/C work

Type of gases flared: _____

Comments: _____

Flare Manufacturer: _____ Brand/Model #/Type: _____

Type of gases flared: _____

Combustion Controls: STEAM INJECTION AIR BLOWER Assist (FIRED) (ENDOTHERMIC)

Flame Front Generator: Mfg: _____ Input signal requirements: _____

Minimum safe distance around base of flare: _____

Proposed location distance from base of flare? _____

Installation Orientation to flare (Circle): NORTH EAST WEST SOUTH

Prevailing wind directions: _____

Ambient temperature range at IR Sensor Location: _____ ° to _____ °

Area Classification at IR Sensor Location: _____

Available Power: _____

Is instrument air available at the location? YES NO

I would like you to include onsite installation service. YES NO

I would like information on an extended warranty and service contract. YES NO

Summary of Client Monitoring and control requirements and/or special requirements:



For international contact information,
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PRECISION | POWER | PERFORMANCE

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