

# ATEX questionnaire

**Company**

House No., street \_\_\_\_\_  
 City, State, ZIP code \_\_\_\_\_  
 Country \_\_\_\_\_

**Point of contact**

Ms.       Mr.      Title \_\_\_\_\_

Given name, family name \_\_\_\_\_  
 Department \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Fax \_\_\_\_\_  
 E-mail \_\_\_\_\_  
**Request no/reference** \_\_\_\_\_

Customer No. \_\_\_\_\_ (to be filled in by J. Engelsmann AG)  
 Order Number \_\_\_\_\_ (to be filled in by J. Engelsmann AG)

In accordance with Directive 1999/92/EC, the contracting authority and/or customer is responsible for the determination of the zone in which the device is to be deployed. This document serves as a base for the design of the machine corresponding to ATEX Directive 2014/34/EU.

► **1. General**

**In which zone will the installation be deployed?**

- Gas, vapor or mist       dust

**Note:**

Our machines are designed for gas and dust Ex-Zones. A process-related intermixing of zones (hybrid mixture) causes deviations from the key explosion-relevant data (e.g. minimum ignition temperature, minimum ignition energy). This must be taken into consideration in the design of the machine. Should this be the case, please contact us.



# ATEX questionnaire



► Notes

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The details above are correct and can be used for the design of the installation which is to be deployed in the zone mentioned above.

\_\_\_\_\_  
Place, date

\_\_\_\_\_  
Signature, company stamp

**Information regarding the use of this inquiry form:**

You have the possibility to fill in this inquiry form directly on your computer. To do so, you must first save the PDF on your computer, and open it with Acrobat Reader, as those PDF viewers used by the common internet browsers do not support the form editing function. Please return the completed and signed form to J. Engelsmann AG.

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