

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.

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► Notes

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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