

# Systems Integration Request



Name \_\_\_\_\_ Phone \_\_\_\_\_ **REPLY DUE**  
Company \_\_\_\_\_ Fax \_\_\_\_\_   
Address \_\_\_\_\_ Cell \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_  
Describe Project \_\_\_\_\_  
Requirements \_\_\_\_\_  
and Scope \_\_\_\_\_

## REQUEST

Check all that apply

**Services Required**  Consulting  Design  Installation  Programming  Project Management  
 Testing  Other

**Response Required**  Budgetary Quote  Quote  Site Visit  Other

**System Type**  New  Addition  Modification  Replace Existing  Other

## SYSTEM DESCRIPTION

**Extractive System**  (When checking this box, also fill out the Gas Monitoring Application found in the Technical Library on the XNX Product Page at <http://www.honeywellanalytics.com/en-US/products/industrialfixedsystems/XNX/Pages/XNXUniversalGasTransmitter.aspx>.)

**Detection**  Central Monitoring  Point of Use

**Network Type**  Analog  Bus  LonWorks  Power Over Ethernet

**Computer(s)**  Stand Alone  Server  Client  Touchscreen

**Software**  DVS  SCADA  Paging # of Points \_\_\_\_\_

**Control Panel(s)**  Power Interface  UPS # of Hours \_\_\_\_\_

**Audible/Visual Signals**  Horn Strobe # \_\_\_\_\_  Horns # \_\_\_\_\_  Strobes # \_\_\_\_\_  Stacklights # \_\_\_\_\_

**Inputs / Outputs**  Output Point Count  Input Point Count  
 Gas Cab Shutdown  Emergency Gas Off  
 VMB Shutdown  Fire Alarm  
 FACP Alarm  Seismic Alarm  
 Audible / Visual  Ventilation  
 Other

**Connections to Other Systems** Please describe \_\_\_\_\_  
any connections \_\_\_\_\_  
to other systems \_\_\_\_\_

**Special Considerations** Please describe \_\_\_\_\_  
any special \_\_\_\_\_  
conditions or \_\_\_\_\_  
special hazards. \_\_\_\_\_  
(e.g. Class 1 \_\_\_\_\_  
Div 2 etc.) \_\_\_\_\_

**APPLICATION INFORMATION**

Explanation of your application: \_\_\_\_\_

New Installation  Replacing existing system

What are the gases and measurement ranges you need to monitor?

Gas #1 \_\_\_\_\_ Formula: \_\_\_\_\_ Gas #3 \_\_\_\_\_ Formula: \_\_\_\_\_

Range: to  PPM  %Vol  %LEL  Other: \_\_\_\_\_ Range: to  PPM  %Vol  %LEL  Other: \_\_\_\_\_

Gas #2 \_\_\_\_\_ Formula: \_\_\_\_\_ Gas #4 \_\_\_\_\_ Formula: \_\_\_\_\_

Range: to  PPM  %Vol  %LEL  Other: \_\_\_\_\_ Range: to  PPM  %Vol  %LEL  Other: \_\_\_\_\_

Will the sensors see continuous or intermittent exposure to the target gas?  Continuous  Intermittent

What other gases, vapors, cleaning agents or chemicals may be present in this area?

Gas: \_\_\_\_\_ Typical concentration: \_\_\_\_\_ Gas: \_\_\_\_\_ Typical concentration: \_\_\_\_\_

Gas: \_\_\_\_\_ Typical concentration: \_\_\_\_\_ Gas: \_\_\_\_\_ Typical concentration: \_\_\_\_\_

**SENSORS/TRANSMITTERS**

What is the temperature where the transmitters (sensors) will be located?

\_\_\_\_\_ Min. - \_\_\_\_\_ Max.  ° F  ° C

What is the Relative Humidity (%) in the area where the transmitter (sensors) will be located?

\_\_\_\_\_ Min. RH - \_\_\_\_\_ Max. RH

What agency approvals are required for your sensors? \_\_\_\_\_

What is the area classification where the sensors will be located?

Non-Hazardous  Class 1 Zone 1  Class 1 Zone 2  Class 1 Division 1  Class 1 Division 2 Group  IIC  IIB +  H2  IIB  IIA  A  B  C  D

Is there any possibility of Radio Frequency Interference (RFI)?  Yes  No

If Yes, please explain.

If there are any other materials that could interfere with operation of the transmitters (sensors) such as dust, mists, steam traps, fans, etc. please indicate.

Do you require relays on the transmitter?  Yes  No

Do you require a display on the transmitter?  Yes  No

**CONTROLLERS**

Do you require a control device?  Yes  No

What type of power do you have available?  220 VAC  115 VAC  24 VDC  12 VDC

Are you going to connect the sensors to a PLC, DCS or other signal recording device?  Yes  No

If yes, please explain.

Do you plan to expand your system in the future?  Yes  No

What is the distance that a transmitter (sensors) mounted from the controller?

Min.  Max.  Feet  Meters

What is the classification of the area where the controller will be located? (please check all that apply):

Non-Hazardous  Class 1 Zone 1  Class 1 Zone 2  Class 1 Division 1  Class 1 Division 2 Group  IIC  IIB +  H2  IIB  IIA  A  B  C  D

What agency approvals are required for your controllers?

What is the temperature where the controller would be located?

Min.     Max.     ° F     °C

If there are any other signals you would like to take into the controller (flow, temperature, intrusion, etc.) please indicate.

Yes     No

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### ACCESSORIES AND OPTIONS

Do you require audible alarms?     Yes     No

Do you require visual alarms?     Yes     No

What is the classification of the area where the remote alarms will be located?

Non-Hazardous     Class 1 Zone 1     Class 1 Zone 2     Class 1 Division 1     Class 1 Division 2    Group  IIC     IIB +     H2     IIB     IIA  
Group  A     B     C     D

Do you require an emergency battery back-up system?     Yes     No

If yes, how many hours do you need to run on battery back-up?

Do you require Data Logging?     Yes     No

Do you require calibration equipment?     Yes     No

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### INSTRUCTIONS

Fax this form to Systems Integration at 847-955-8210.

Submitted By \_\_\_\_\_ Date \_\_\_\_\_

#### Find out more

[www.honeywellanalytics.com](http://www.honeywellanalytics.com)

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