Information Gathering Form

*Note: if possible please provide all this information in electronic format (PDF or MS Word)*

# Section 1: General Information

**Please indicate if this application is**:



**Production**: *Please indicate if this product is a limited production item (one of, or single batch of products) or if it is your intention to manufacture the product on an on-going basis.*



**Applicant’s Information**:

|  |  |
| --- | --- |
| Company Name *(Full Legal Name):* |  |
| Contact Name (Name, Title, department) |  |
| Address: (Number, Street, City, Prov/State, Postal/Zip Code, Country) |  |
| Phone Number |  | Fax Number |  |
| Email Address |  | Website Address: |  |

**Billing**: ***(if different from above)***

|  |  |
| --- | --- |
| Company Name *(Full Legal Name):* |  |
| Contact Name (Name, Title, department) |  |
| Address: (Number, Street, City, Prov/State, Postal/Zip Code, Country) |  |
| Phone Number |  | Fax Number |  |
| Email Address |  | Website Address: |  |

**Location of Evaluation**

***(If the evaluation is to take place at a location other than the applicant’s address above, please indicate this below):***

|  |  |
| --- | --- |
| Company Name *(Full Legal Name):* |  |
| Contact Name (Name, Title, department) |  |
| Address: (Number, Street, City, Prov/State, Postal/Zip Code, Country) |  |
| Phone Number |  | Fax Number |  |
| Email Address |  | Website Address: |  |

# Section 2: Product Information (Please attach picture)

**Brief Description of Product:**

|  |  |
| --- | --- |
| Type of Equipment:(Brief description, include intended use) |  |
| Quantity: |  |
| Model: |  |
| Serial Number(s): |  |
| Electrical Rating | Voltage | Current  | Phases | Frequency |
|  |  |  |  |
| Multiple Sources of Power | Yes  No  |
| Ambient Temperature Ratings |  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Indoor  Outdoor  |
| Connection Type | Permanently Attached (Hardwired)  Portable/Mobile (Cord Connected)  |
| Selected Standards |  |

**Other Information for Haz-Loc equipment**

|  |  |
| --- | --- |
| Haz-Loc rating: | Zone  Class  Division   |
| Gas Group |  Group(s)     |
| Dust Group |  Group(s)    |
| Temperature Class | T   | (ex: T1 – 450°C; T2 – 300°C, T2B, 260°C ; T2C – 230°C, T2D – 215°C, T3 – 200°CT3A – 180°C; T3B – 165°C, T3C – 160°C ; T4 – 135°C, T4A -120°C, T5 – 100°C, T6 – 85°C) |

**If available please provide the following information** (in electronic format if possible)**:**

|  |  |
| --- | --- |
|  | Product Description/ Product Brochure, Photographs |
|  | Product Schematics/ Wiring/Block Diagrams/Constructional/Assembly Drawings |
|  | Mechanical Drawings |
|  | Bill of Materials (BOM List) |
|  | Component datasheets for all critical components and power circuit components (Electrical Motors, motor protections, disconnect means, transformers, fuse holders, fuses, gas sensors if (applicable) along with Certification Body (CSA, UL, LC) file numbers. |
|  | Installation/Operating/User Manuals |
|  | Copy of Hazardous Area Classification (HAC) drawings, clearly indicating all Zones & the ordinary location areas with all boundaries identified. Note: In Ontario, the drawings must be stamped by a PEng. |
|  | Electrical Nameplate Ratings (Volts, Hz, Amps etc.) |
|  | Haz-Loc Nameplate Ratings (where applicable) |
|  | Caution and other markings for the equipment (for ESAFE review) |
|  | List of Intrinsically safe barriers, Control Drawings and Intrinsically Safe System Information (if applicable) |
|  | Provide calculations when applicable for purging systems and/or ventilation requirements |
|  | Explanation of functionality of interlocks, emergency stop, resets, etc. |
|  | Any Test Data and Reports associated with the equipment (if available) |
|  | Copy of existing test reports issued by other certification body (if applicable) |
|  | Your target Completion Date: |

# Section 3:

**Manufacturing Location** **(required only for On-Going Manufacturing and if different from applicant above):**

|  |  |
| --- | --- |
| Company Name *(Full Legal Name):* |  |
| Contact Name (Name, Title, Department) |  |
| Address: (Number, Street, City, Prov/State, Postal/Zip Code, Country) |  |
| Phone Number |  | Fax Number |  |
| Email Address |  | Website Address: |  |
| ISO 9001 Certified |   Other (please indicate):  |

# Section 4

Please return this RFQ to the eSAFE Customer Service Centre at [hazloc@*esafe.org*](file:///C%3A%5CUsers%5Cnayyarr%5CDocuments%5C2-Temp%5Chazloc%40esafe.org)

Thank you for considering eSAFE and we look forward to working with you!