**Questionnaire to select Armstrong humidifiers**

**Section 1, Customer, Contact Details/ Quotation information:**

**Customer:** Company name

**Contact:**  Name **Email:** email address

**Project reference:** Specify the name or reference of the project

**Section 2, Technical selection:**

**1. Energy:**  Select energy type

**a. If steam:**

**Pressure** Specify the operating pressure barg

 **Back pressure** Specify the back pressure of condensates barg

**Should you propose a pressure reducing station if necessary?** Select Yes or No

**Actuator type:** Select Actuator

**Body material:**  Select material

**b. If electrical:** Select Technology

**Tension available** Specify single or three phases available Volt - Hz

 **Water type** Select Water

 **Water quality** Specify the water hardness

**If humidification with compressed air** Specify the air pressure

**2. Humidifier selection:** Select the use

1. **New air flow:**  … **m3/h**
2. **Total air flow:**  … **m3/h**
3. **Outside air temperature:**  … **°C**
4. **Outside air Relative Humidity (RH):**  … %
5. **Room temperature required:**  … °**C**
6. **Relative Humidity (RH) required:** … **%**
7. **Pre-heating battery** Select Yes or No
	1. **If yes, indicate the temperature:**  … **°C**
8. **Post-heating battery** Select Yes or No
	1. **If yes, indicate the temperature:**  … **°C**
9. **Duct/AHU width:**  … **mm**
10. **Duct/AHU height:**  … mm
11. **Vapor trail distance available:**  … m
	1. **Is it an absolute filter after this vapor trail distance?** Select Yes or No
12. **Air velocity:**  … m/s
13. **Steam flow required:**  … kg/h
14. **For Evapack, maximum pressure drop**  … Pa
15. **For direct room, volume or dimension**  … m3 or L x W x H

**3. Accessories:**

1. **Room humidistat (on/off)?** Select Yes or No
2. **Duct humidistat (on/off)?** Select Yes or No
3. **Duct pressure switch?** Select Yes or No
4. **Duct humidity sensor?** Select Yes or No
5. **Room humidity sensor?** Select Yes or No
6. **Temperature & humidity controller (on/off)?** Select Yes or No
7. **Room ventilation unit?** Select Yes or No
8. **Support legs?** Select Yes or No
9. **Insulation Jacket** Select Yes or No
10. **Protective cabinet (outdoor application)** Select Yes or No
11. **Temperature cooling kit (for ERS)** Select Yes or No
12. **Other** Specify

**Quick additional description of the setting up:** Please describe.