



REQUEST FOR TECHNICAL INFORMATION

Name of equipment to be inspected: \_\_\_\_\_

Model Designator of equipment: \_\_\_\_\_

Serial Number of Equipment: \_\_\_\_\_

Intended use of equipment: (Hazardous/non-hazardous location/environment)  
\_\_\_\_\_

Manufacturer Name: \_\_\_\_\_

Electrical Data:

Voltage:                      Amperage:                      Phase:                      Hertz

Largest load served or more than one voltage source:

Does this device have stored energy (capacitors, springs, hydraulics, balanced weight) \_\_\_\_\_

Location where inspection will be conducted:

Name of Location/Company:

Point of Contact on Site:

Telephone number of Prime Contact

Telephone Number of Secondary Contact:

Location where equipment will be installed if not the same as above:

Name of Location/Company: \_\_\_\_\_

Address:

PPE required while on-site: \_\_\_\_\_