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: ________________________________