

Industrial EKG RFQ and Configuration Worksheet

Complete and email this form to Sales@industrialekg.com



Date of Request _____ Your reference# _____ IEKG Reference # _____
 Proposal Date Requested _____ System Delivery Date Requested _____
 Worksheet Prepared By _____ of (company) _____
 Tel _____ email _____ GMT +/- _____ Hrs

Customer Name _____ **Location** _____

<u>Induction Motor Nameplate Data</u>	<u>Notes</u>
Rated Volts _____ Service Factor _____	
Rated Amps _____ Frame _____	
Rated Speed _____ RPM Full load efficiency _____	
Frequency _____ Hz NEMA design letter _____	
Multispeed? ___ Yes ___ No Rated HP or KW _____	
Manufacturer _____ Model No _____	

<u>Motor Electrical Drive Type</u>	<u>Driven Equipment</u>
Direct Line Connection _____ Inverter _____	Description _____
If Inverter, _____	Duty cycle: On ___ %, Off ___ %
Manufacturer + Model _____	Typical load fluctuation: + ___ %, - ___ %
Soft Starter? ___ Yes ___ No	Drive type: ___ Direct ___ Belt ___ Geared
	Other: _____

<u>Current Transformers</u>	<u>Notes</u>
Using customer's CTs? ___ Yes	___ No, IEKG to Supply CTs
Are customer CTs Class 1 (1%)? ___	Wire OD _____ mm
Primary:Secondary ratio _____:	Mounting: Base _____ Side _____
	Please attach picture of inside of MCC plus sketch with inside dimensions

<u>Potential (Voltage) Transformers</u>	<u>Notes</u>
Will MCM be direct line connected < 500V? _____	If Yes, skip the remainder of this section.
Using customer's PTs? ___ Yes	___ No, IEKG to supply PTs
Fuses Required from IEKG? ___ Yes ___ No	Temperature range in cabinet _____ - _____ C
	Please attach picture of inside of MCC plus sketch of dimensions

Communication

None _____ Serial _____ Wired Ethernet to Switch or Router _____ Wired Ethernet direct to PC _____

Will this system be added to an existing IEKG or Artesis software installation? ___ Yes ___ No

Other (describe in detail) _____

Services

Who is doing the system installation? _____

Who is doing the system training? _____

Additional Comments / Requests