ATEX – Questionnaire TRANSLYFT					
То:	Translyft A/S Aalborgvej 32 DK - 9352 Dyk)	KANSLYFI
Att.:				Products ref:	
Your Company:				Products comm	ents:
Contact:					
Telephone:					
Email:				Date:	Sign:
NOTE: It is required that Translyft receive information on all operating conditions to confirm the ATEX classification of the lifting table. Please send back the filled-in and signed questionnaire!					
Place of lifting table/control box: Place of power unit & ele					
Zone classification acc. ATEX-directive 2014/34/EU (gasses & vapours)					
No zone	Zone 1	Zone 2	No zone	Zone 1	Zone 2
Temperature class:			Temperature class:		
□ T1	T2	T3	□ T1	□ T2	□ T3
□ T4	□ T5	□ т6	□ T4	□ T5	□ T6
Gas class:			Gas class:		
□ IIA	□ IIB	□ IIC	□ IIA	□ IIB	□ IIC
Place of lifting table/control box:			Place of power unit & electr. control system:		
Zone classification acc. ATEX-directive 2014/34/EU (dust)					
No zone	Zone 21	Zone 22	No zone	Zone 21	Zone 22
Max. ignition ter	mperature for o	dust cloud:	Max. ignition temperature for dust cloud: °C		
Ignition temperature for 5 mm dust layer: °C			Ignition temperature for 5 mm dust layer: °C		
Type of dust:			Type of dust:		
IIIA Combustible dust floating			IIIA Combustible dust floating		
IIIB Non-conductive dust			IIIB Non-conductive dust		
IIIC Conductive dust			IIIC Conductive dust		
Special details, operation conditions, ambient conditions / Special requirements:					
Customer-Confirmation of Technical Data					
			astomer-committe	CON OF TECHNICAL	Data
			Date –	Customer Sig	nature
				S	