ATEX – Questionnaire

To:	Translyft A/S Aalborgvej 321 DK - 9352 Dybvad	
Att.:		Products ref:
Your Company:		Products comments:
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!

Zone classification according to EN 60079-10-1 (gasses & vapours)

Place of lifting table/control box:	**Place of power unit & electr. control system:**
☐ No zone ☐ Zone 1 ☐ Zone 2	☐ No zone ☐ Zone 1 ☐ Zone 2
Temperature class:	**Temperature class:**
☐ T1 ☐ T2 ☐ T3	☐ T1 ☐ T2 ☐ T3
☐ T4 ☐ T5 ☐ T6	☐ T4 ☐ T5 ☐ T6
Gas class:	**Gas class:**
☐ IIA ☐ IIB ☐ IIC	☐ IIA ☐ IIB ☐ IIC

Zone classification according to EN 60079-10-2 (dust)

Place of lifting table/control box:	**Place of power unit & electr. control system:**
☐ No zone ☐ Zone 21 ☐ Zone 22	☐ No zone ☐ Zone 21 ☐ Zone 22
Max. ignition temperature for dust cloud:	**Max. ignition temperature for dust cloud:**
°C _____	°C _____
Ignition temperature for 5 mm dust layer:	**Ignition temperature for 5 mm dust layer:**
°C _____	°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

_____ _____

Date Customer Signature