

Return to: David Ducharme  
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# FlareSpection

## APPLICATION ANALYSIS FORM

Date: \_\_\_\_\_

Company: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Analysis Completed by:  Customer  Rep/Sales \_\_\_\_\_

Project ID (Name/Project #): \_\_\_\_\_

New Construction  After-Market Installation

Flare Stack Location if different from above

Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
Location (City, State): \_\_\_\_\_  
or Longitude: \_\_\_\_\_ Latitude: \_\_\_\_\_

Customer Using Currently Using Infrared  Yes  No  
If Yes, Who's product and is there a performance issue? \_\_\_\_\_

### Application Requirements?

*(Note: The FlareSpection product is in its Beta Testing phase and currently is not available for purchase. Your application requirements will be evaluated in our final product offering)*

Pilot Monitoring (Check all that Apply)  
Will the signal be used for:  
 Recording pilot status for governmental compliance  
 DCS alarms  
 Individual pilot detection  
 Flame out signal generation for flame front generator  
 Other: \_\_\_\_\_

Flaring Monitoring (Check all that Apply)  
Will the signal be used for:  
 Flaring confirmation signal  
 Flaring flame size  
 Assist Gas control  
 Flaring alarm (below minimum flaring flame size/volume/no flame)  
 Other: \_\_\_\_\_

Special and/or Governmental and/or other requirements:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Please provide the following drawings:

1. Flare stack overall dimensional drawing with flare tip locations and orientation to true north; Client drawing Name/#: \_\_\_\_\_
2. Flare tip drawings with flare tip identifications and pilots location and orientation to true north; Client drawing Name/#: \_\_\_\_\_
3. Plant local plot of area around flare with true north indicated; Client drawing Name/#: \_\_\_\_\_

.....  
Flare Name/identification #: \_\_\_\_\_

Height of flare stack: \_\_\_\_\_ Flare Stack Type? (Guy Wire or Derick) \_\_\_\_\_

Number of flare tips on flare stack? 1 2 3 4 Other: \_\_\_\_\_

.....  
Flare Tip #1 Client Flare Tip Name/Identification #/Service: \_\_\_\_\_

Diameter of flare tip: \_\_\_\_\_

Number of Pilots: \_\_\_\_\_

Pilot gas? \_\_\_\_\_

Does this flare tip have working pilot thermocouples? \_\_\_\_\_ If so, how many? \_\_\_\_\_ Note: Indicate on drawings which T/C work

Type of gases flared: \_\_\_\_\_

Comments: \_\_\_\_\_

.....  
Flare Tip #2 Client Flare Tip Name/Identification #/Service: \_\_\_\_\_

Diameter of flare tip: \_\_\_\_\_

Number of Pilots: \_\_\_\_\_

Pilot gas? \_\_\_\_\_

Does this flare tip have working pilot thermocouples? \_\_\_\_\_ If so, how many? \_\_\_\_\_ Note: Indicate on drawings which T/C work

Type of gases flared: \_\_\_\_\_

Comments: \_\_\_\_\_

.....  
Flare Tip #3 Client Flare Tip Name/Identification #/Service: \_\_\_\_\_

Diameter of flare tip: \_\_\_\_\_

Number of Pilots: \_\_\_\_\_

Pilot gas? \_\_\_\_\_

Does this flare tip have working pilot thermocouples? \_\_\_\_\_ If so, how many? \_\_\_\_\_ Note: Indicate on drawings which T/C work

Type of gases flared: \_\_\_\_\_

Comments: \_\_\_\_\_

.....  
Flare Tip #4 Client Flare Tip Name/Identification #/Service: \_\_\_\_\_

Diameter of flare tip: \_\_\_\_\_

Number of Pilots: \_\_\_\_\_

Pilot gas? \_\_\_\_\_

Does this flare tip have working pilot thermocouples? \_\_\_\_\_ If so, how many? \_\_\_\_\_ Note: Indicate on drawings which T/C work

Type of gases flared: \_\_\_\_\_

Comments: \_\_\_\_\_

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Flare Manufacturer: \_\_\_\_\_ Brand/Model #/Type: \_\_\_\_\_

Type of gases flared: \_\_\_\_\_

Combustion Controls:      STEAM INJECTION                      AIR BLOWER                      Assist (FIRED) (ENDOTHERMIC)

Flame Front Generator: Mfg: \_\_\_\_\_ Input signal requirements: \_\_\_\_\_

Minimum safe distance around base of flare: \_\_\_\_\_

Proposed location distance from base of flare? \_\_\_\_\_

Installation Orientation to flare (Circle): NORTH              EAST              WEST              SOUTH

Prevailing wind directions: \_\_\_\_\_

Ambient temperature range at IR Sensor Location: \_\_\_\_\_ ° to \_\_\_\_\_ °

Area Classification at IR Sensor Location: \_\_\_\_\_

Available Power: \_\_\_\_\_

Is instrument air available at the location? YES  NO

I would like you to include onsite installation service. YES  NO

I would like information on an extended warranty and service contract. YES  NO

Summary of Client Monitoring and control requirements and/or special requirements:

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