

REQUEST FOR QUOTATION

4043 Carling Ave, Suite 106, Ottawa, ON K2K 2A4 PH: 1-800-559-5356 / 613-271-1489

FAX: 1-800-559-5358 / 613-271-6441 Email: field.evaluation@esafe.org

Website: www.esafe.org

Information Gathering Form

Note: if possible please provide all this information in electronic format (PDF or MS Word)

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Section 1: General Information Please indicate if this application is:								
□ Initial Application								
□ New batch of previously ESAFE Certified Product								
☐ Alteration(s) to previously ESAFE Certified Product								
□ Transfer from another Certifier								
Production : Please indicate if this product is a limited production item (one of, or single batch of products) or if it is your intention to manufacture the product on an on-going basis.								
□ Limited Production (one of, or single batch of products)								
☐ Mass Product	tion (on-going manufa	acturing - Please	e complete Section	າ 2)				
Applicant's Info	ormation:							
	Company Name (Full Legal Name):							
Contact Name (Na	act Name (Name, Title, department)							
Address: (Number, Street, City, Province/State, Postal/Zip Code, Country)								
Phone Number			Fax Number					
Email Address			Website Address:					
Billing: (if differe	ent from above)							
Company Name (F	iull Legal Name):							
Contact Name (Na	me, Title, department)							
Address: (Number, Province/State, Pos	Street, City, stal/Zip Code, Country)							
Phone Number			Fax Number					
Email Address			Website Address:					
Location of Evaluation (If the evaluation is to take place at a location other than the applicant's address above, please indicate this below):								
Company Name (Full Legal Name):								
Contact Name (Name, Title, department)								
Address: (Number, Street, City, Province/State, Postal/Zip Code, Country)								
Phone Number			Fax Number					
Email Address			Wehsite Address:					



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Section 2: Product Information (Please attach picture of link)

Brief Description o	of Product:					
Type of Equipment: (Brief description, include intended use)						
Model :						
Serial Number(s)						
Electrical Rating	Voltage	Current	Phases	Frequency		
Overall Dimensions (m) Width	Length:	Height:	Uncrated Weight (Kg)		
Ambient Temperature						
Selected Standard						
Other Information	for Haz-Loc equipn	nent (Please attach s	schematics and drav	vings)		
Haz-Loc rating:	Class Division		or Clas			
Selected Standards:						
Protection Method:	□ ia □ ib □ ic	□ nA □ nR □	o 🗆 d 🗆 nC _C	Other:		
Equipment Group	☐ Group 1 (Mining) ☐ Group II (non-mining)					
Gas Group	□II □IIA □IIB	□ IIC □ IIB+H2	☐ Dust ☐ Other			
Temperature Class		(ex: T1 – 450°C; T2 – 300°C, T T3A – 180°C; T3B – 165°C, T3	, ,	D – 215°C, T3 – 200°C -120°C, T5 – 100°C, T6 – 85°C)		

Please provide the following information (in electronic format if possible):

- Product Description/ Product Brochure, Photographs
- Product Schematics/ Wiring/Block Diagrams/Constructional/Assembly Drawings
- Mechanical Drawings
- Bill of Materials (BOM List)
- Component datasheets for all critical components and power circuit components (Electrical Motors, motor
 protections, disconnect means, transformers, fuse holders, fuses, gas sensors if (applicable) along with
 Certification Body (CSA, UL, LC) file numbers.
- Installation/Operating/User Manuals
- Electrical Nameplate Ratings (Volts, Hz, Amps etc.)
- Previous Test Data and Reports (if available)
- Test Budget
- · Your target Completion Date
- Copy of existing test reports issued by other certification body (if applicable)
- A MS Word document, showing caution and other markings for all enclosures (for ESAFE review).



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Additionally for Haz-Loc equipment, please provide the following:

- Haz-Loc Nameplate Ratings (where applicable)
- List of Intrinsically safe barriers, Control Drawings and Intrinsically Safe System Information (if applicable)
- Copy of Hazardous Area Classification (HAC) drawings, clearly indicating all Zones & the ordinary location areas with all boundaries identified. Note: In Ontario, the drawings must be stamped by a PEng.
- Calculation of ventilation system and explanation of functionality of interlocks (ventilation and Intrinsically safe Systems)

Section 3:

Intended Markets

(The items in this section are required only for on-going manufacturing or if the product is being installed in other than Canadian locations.)

(Please list countries where the product will be installed)									
Manufacturing Location (required only for On-Going Manufacturing and if different from applicant above):									
Company Name (Full Legal Name):									
Contact Name (Name, Title, department)									
Address: (Number, Street, City, Province/State, Postal/Zip Code, Country)									
Phone Number				Fax Number					
Email Address				Website Address:					
ISO 9001 Certified	Yes	No	Other (please indicate):						

Section 4

Please return this RFQ to the ESAFE Customer Service Centre at hazloc@esafe.org

Thank you for considering ESAFE and we look forward to working with you!