

**INFORMATION GATHERING FORM**

*Note: if possible please provide all this information in electronic format*

**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 Production (on-going manufacturing - Please complete Section 2)

**APPLICANT'S INFORMATION**

Company Name (Full Legal Name)

Contact Name (Name, Title, department)

Address: (Number, Street, City,  
Prov/State, Postal/Zip Code, Country)

Phone Number

Fax Number

Email Address

Website Address

**BILLING  
(if different from above)**

Company Name (Full Legal Name)

Contact Name (Name, Title, department)

Address: (Number, Street, City,  
Prov/State, Postal/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,  
Prov/State, Postal/Zip Code, Country)

Phone Number

Fax Number

Email Address

Website Address

## Section 2: Product Information (Please attach picture)

### BRIEF DESCRIPTION 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 EQUIPMENT (Please attach schematics and drawings)

Haz-Loc rating	Class	Division	Group(s)	or Class	Zone
Selected Standards					
Protection Method	ia	ib	ic	nA	nR o d nC Other
Equipment Group	Group I (Mining)		Group II (Non-Mining)		
Gas Group	II	IIA	IIB	IIC	IIB + H2 Dust Other
Temperature Class	T		(ex: T1 – 450°C; T2 – 300°C, T2B, 260°C ; T2C – 230°C, T2D – 215°C, T3 – 200°C T3A – 180°C; T3B – 165°C, T3C – 160°C ; T4 – 135°C, T4A -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

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.

Electrical Nameplate Ratings (Volts, Hz, Amps etc.)

Haz-Loc Nameplate Ratings (where applicable)

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Caution and other markings for the equipment (for ESAFE review)

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List of Intrinsically safe barriers, Control Drawings and Intrinsically Safe System Information (if applicable)

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Provide calculations when applicable for purging systems and/or ventilation requirements

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Explanation of functionality of interlocks, emergency stop, resets, etc.

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Any Test Data and Reports associated with the equipment (if available)

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Copy of existing test reports issued by other certification body (if applicable)

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Your target Completion Date

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### Section 3

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

#### INTENDED MARKETS

(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,  
Prov/State, Postal/Zip Code, Country)

Phone Number

Fax Number

Email Address

Website Address

ISO 9001  
Certified      Yes      No      Other

### Section 4

Please return this RFQ to the ESAFE Customer Service Centre at [hazloc@esafe.org](mailto:hazloc@esafe.org)

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