



Explosion Proof Vacuum Application Worksheet

Form QF 8.2.4 – 7

Sales Order #: _____

Ruwac Explosion Proof Vacuum APPLICATION WORKSHEET:

Thank you for your recent purchase of one of Ruwac's Certified Explosion Proof Industrial Vacuums. In order to provide proper ETL certification that this unit meets UL standards for Explosion Proof Vacuum Cleaners, the following form must be completed and returned to Ruwac. Ruwac and/or their distributors are required to verify the machine usage matches its application to ensure user safety.

Note: Use only original Ruwac original hoses and accessories as approved by Ruwac for your specific application. Failure to use Ruwac hoses and accessories negates any claim that this vacuum is explosion proof or safe to use within classified atmospheres or for the safe collection of combustible dusts.

Ruwac Vacuum Model: _____ Serial Number: _____

Accessories: _____

Separation System: _____

Customer Information:		Distributor Information:	
Name:	_____	Name:	_____
Title:	_____	Title:	_____
Company:	_____	Company:	_____
Address:	_____	Address:	_____
City:	_____	City:	_____
State:	_____ Zip: _____	State:	_____ Zip: _____
Phone:	_____	Phone:	_____
Fax:	_____	Fax:	_____
Email:	_____	Email:	_____

APPLICATION: Describe what the intended use of the vacuum is: _____

Material(s): Please include all the materials that the vacuum may be used with: _____

MSDS Sheets: List names and include a copy with this application worksheet: _____

Approvals	Revision/Date	Reason For Change
<i>Wolfgang Schloesser</i>	02 07/21/15	Release



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Has a "Determination of Combustion Characteristics" been conducted? If so, please include copy of the report for each material.

Is your material impact sensitive: _____

Material Micron Size: _____ Quantity _____

Length of hose required: _____

Diameter of Hose: _____

Optional information (If known):	
Kst ,bar-m/s: _____	Explosion Severity(ES): _____
Pmax, bar-g: _____	Rmax, bar/s: _____
Atmosphere Classification: _____	
Material Specific Gravity (lbs/cubic feet): _____	

SPECIAL CONSIDERATIONS: _____

Signature of Person Filling Out This Form: _____ Date: _____

Print Name: _____ Title: _____

Internal Use Only:

Reviewed By: _____

Ruwac Signature: _____ Date: _____

Print Name: _____ Title: _____

Ruwac Comments: _____

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