

References - Questionnaire

Please return to Silke Michel
Fax: +49 2137 / 17 - 366

1. Name of the object

2. Categories

Hospital/ Nursing Homes	<input type="checkbox"/>	Whole sale trade	<input type="checkbox"/>
Administrative Buildings	<input type="checkbox"/>	Shopping center/ retail trade	<input type="checkbox"/>
Industry	<input type="checkbox"/>	Sport center	<input type="checkbox"/>
Infrastructure	<input type="checkbox"/>	Cinema/theater/ library	<input type="checkbox"/>
Public Buildings	<input type="checkbox"/>	Restaurant	<input type="checkbox"/>
Hotel/ Appartment Buidlings	<input type="checkbox"/>	Museum/ gallery	<input type="checkbox"/>
Communication	<input type="checkbox"/>	School/ University	<input type="checkbox"/>
Church/Monastery	<input type="checkbox"/>	Research center	<input type="checkbox"/>

3. City

4. Country

5. Year of Installation

6. Panels

	Quantity		Quantity
IQ8Control C	<input type="checkbox"/>	Extinguishing panel 8010	<input type="checkbox"/>
IQ8Control M	<input type="checkbox"/>	Extinguishing panel 8010 - 19"	<input type="checkbox"/>
FACP 8008	<input type="checkbox"/>	FACP 80	<input type="checkbox"/>
FACP 8000 C	<input type="checkbox"/>	FACP 8000 M	<input type="checkbox"/>

Panel network?

Yes
No

Remarks

7. Quantity of loops

1 2 3 4
 5 6 7 8
 > 8 (Please exactly!)

8. Wireless devices: Part No/ Type and Quantity

9. Detectors: Part No/ Type and Quantity

10. Special Features (Air duct detector, Aspirating system, Ex-products, Intruder Alarm Technolgy, Access control...)

11. WINMAG

Yes
No

Other Hazard Management Systems?

Yes Name _____
No

Interface to other Facilities?

Yes Name _____
No

12. Special load

Dust Water vapour
Chemical products High/ low temperature
others _____

13. Are we allowed to use photos for free (no separate approval, e.g. photos from the Internet)?

Yes
No

14. How can we get photos in high resolution?

15. Contact Installer

Name _____
Company _____
Address _____

Telephone _____
E-Mail _____

16. Contact user

Name _____
Company _____
Address _____

Telephone _____
E-Mail _____

17. Approval for using/ publication available in written form?

Installer	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
User	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Contact International Sales Office

Name (please legibly)

Date / Signature