

Low Point Leak Detection Submittal

Distributor: _____

Contact Name and Number: _____

Distributor Address: _____

Contact Email: _____

Requested Delivery Date: _____

Project / Job Name: _____

Leak Detection Enclosure

Number of Points	Communications	Alarms
<input type="checkbox"/> 6 Point *	<input type="checkbox"/> RS-232 **	<input type="checkbox"/> Audible Alarm
<input type="checkbox"/> 12 Point *	<input type="checkbox"/> RS-485 **	<input type="checkbox"/> Alarm Light on Top
	<input type="checkbox"/> None	<input type="checkbox"/> None

** Point address' for communication ports

MODBUS NODE Address, (select 1 - 247), Baud 38400, Parity ODD, Stop Bit 1 (default)

Point 1: _____	Point 5: _____	Point 9: _____
Point 2: _____	Point 6: _____	Point 10: _____
Point 3: _____	Point 7: _____	Point 11: _____
Point 4: _____	Point 8: _____	Point 12: _____
		Alarm Point: _____

ASCII, Baud 38400, Parity ODD, Stop Bit 1, Com Bit 1 (default)

Enclosure Options: (all enclosures include a switchable fused breaker for power isolation)

* Enclosure Size	Door Type	Grips & Holes	Power Cable
12" x 10" (6 point)	<input type="checkbox"/> Solid Door	<input type="checkbox"/> 4	<input type="checkbox"/> NONE
14" x 12" (12 point)	<input type="checkbox"/> Clear Door †	<input type="checkbox"/> 6	<input type="checkbox"/> 110VAC
		<input type="checkbox"/> 8	

† Clear door mounted over recessed panel lights mounted through internal panel.

NOTES:

Please fax to Customer Service at 714-731-6201 or 800-426-7188 or email to your Area Sales Manager