



PDF Fillable Natural Gas Cogeneration CHP Form

Contact information

Name	_____	Address	_____
Company	_____	City	_____
VAT ID	_____	State/Province	_____
Phone	_____	Zip/Postal Code	_____
Email	_____	Country	_____

Plant information

Location	_____	Inspection date	_____
Power range [kWe]	<input type="checkbox"/> 35/70 <input type="checkbox"/> 100/200 <input type="checkbox"/> 300/500 <input type="checkbox"/> 600/700 <input type="checkbox"/> 800/900 <input type="checkbox"/> 950/1200 <input type="checkbox"/> 1500/2500 <input type="checkbox"/> 2500/5000 <input type="checkbox"/> 5000/10000		

1) Cogeneration

No Yes (Fill the gaps below)

Typology	T. In [°C]	T. Out [°C]	Required available power [kW]
Hot water	_____	_____	_____
Steam	_____	_____	_____
Pressured water	_____	_____	_____
Thermal oil	_____	_____	_____

2) Start-up system Air Electric

3) Quantity of units and their individual capacities

Available instantaneous electric power supply [kWe] _____ N. of units, piece(s) _____

Required total power installed [kWe] _____ Alternator voltage [Volt] _____

4) The switching center

Isn't present Yes (Supply if possible the electric drawing for connections)

0,4 [kV] _____ 6,3/10 [kB] _____

**5) Fuel**

Natural gas LNG Natural gas Dual fuel LPG or Propane Syngas Other _____

6) Supply of gas at return point

Pressure [mbar] _____ Flow max [m³/h] _____

7) Parallel work

No stand alone, emergency application Yes, with the sole network Yes, with other gensets

8) Operating mode

Emergency, below than 1.000-2.000 hours per annum Continuous, more than 1.000-2.000 per annum

9) Ambient

Altitude on the sea level [meters] _____ Desert conditions

Temperature [°C] min _____ max _____

10) Existing limits on emissions into the atmosphere in [mg/Nm³] at 5% di O₂

NO_x _____ CO _____ PM _____ SO_x _____ Other _____

11) Existing limits for noise emissions in the installing plant area [dB(A)]

Limits [Day 6 AM ÷ 10 PM / Night 10 PM ÷ 6 AM] in placing measured near of the receptor [dB(A)]

[50 / 40] Protected [55 / 45] Residential [60 / 50] Mixed [65 / 55] Human activity [70 / 60] Industrial [70 / 70] Heavy industry

12) Usual company daily work shifts [number]

1 2 3 Other _____

13) Usual working months per year in the company [number]

10 11 12 Other _____

14) Electric power for air conditioning (if present) [kWe] _____**15) Electric bills of the last 12 months are provided?**

Yes No

16) Heating fuel bills (Natural gas, LPG, Heavy fuel oil, Diesel oil, etc.) of the last 12 months are provided?

Yes No

Filling date _____

Stamp/signature of the client/delegate to confirm the filled data _____