

# SALISBURY ASSESSMENT SOLUTIONS

## Arc Flash Hazard Analysis Quote Form

Date \_\_\_\_\_ Company \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State & Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Website \_\_\_\_\_

I am interested in the following.  
Check **all** that apply.

Arc Flash Assessment

Arc Flash Training

### COMPANY INFORMATION

Name \_\_\_\_\_ Name \_\_\_\_\_

Title \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

### MEDIUM VOLTAGE EQUIPMENT (2400VOLT 69KV)

Voltage \_\_\_\_\_ Number of MV Switches/Circuit Breakers \_\_\_\_\_ Transformers \_\_\_\_\_

Number of MV Metal Clad Switchboards \_\_\_\_\_ MVMetalCladMotorControlCenters \_\_\_\_\_

Number of MVMotors \_\_\_\_\_ Number of MVStarters \_\_\_\_\_

### ELECTRICAL EQUIPMENT (LESS THAN 600 VOLTS)

Number of Switchboards (>1000 amp) \_\_\_\_\_ Total Number of Overcurrent Devices in SB \_\_\_\_\_

Distribution Boards (600 - 1000 amp) \_\_\_\_\_ Total Number of Overcurrent Devices in DB \_\_\_\_\_

Number of 480 Volt Panelboards (100A - 400 amp) \_\_\_\_\_ Number of 3-Ph Circuits in 480 Volt PB \_\_\_\_\_

Number of 208 or 240 Volt Panelboards (100A - 400 amp) \_\_\_\_\_ Number of 3-Ph Circuits in 208 or 240 Volt \_\_\_\_\_

Number of 480 Volt XFMR \_\_\_\_\_ PB: Number of 3-Ph Motors (50HP+) \_\_\_\_\_

Number of Fused Disconnects \_\_\_\_\_ Number of Motor Control Centers \_\_\_\_\_

Number of UL 508 Equipment Control Panels \_\_\_\_\_ Total Number of Active Buckets in MCC's \_\_\_\_\_

Number of Busducts \_\_\_\_\_ Number of Active Busduct Plug \_\_\_\_\_

### ON SITE ELECTRICAL GENERATION

# of On-Site Generators \_\_\_\_\_ # of Automatic Transfer Switches \_\_\_\_\_ # of Manual Transfer Switches \_\_\_\_\_

### ELECTRICAL HAZARD TRAINING

Number of NFPA 70E Classes Non-Electrical Workers (2 hr) \_\_\_\_\_ Number of People \_\_\_\_\_

Number of NFPA 70E Classes Electrical Workers (4 hr) \_\_\_\_\_ Number of People \_\_\_\_\_

Notes \_\_\_\_\_

Distributor/Location \_\_\_\_\_ Account Manager \_\_\_\_\_

Rep Group \_\_\_\_\_ Rep Name \_\_\_\_\_

RSM \_\_\_\_\_ Lead ID# \_\_\_\_\_

Please complete as much of the form as possible, but don't allow a particular item to prevent you from sending the form to us. Please send via email to: [SAS@honeywell.com](mailto:SAS@honeywell.com) or 859.936.6424

**HONEYWELL INDUSTRIAL SAFETY** 4090 Azalea Drive, North Charleston SC 29405, [explore.honeywell.com/SAS](http://explore.honeywell.com/SAS)

**Honeywell**  
**SALISBURY**