

# Arc Flash Questionnaire

Please complete the attached questionnaire so we may assist you in developing a detailed quote and analysis plan based upon your plant specifications.

Company Name: \_\_\_\_\_  
Address 1: \_\_\_\_\_  
Address 2: \_\_\_\_\_  
City, State, Zip \_\_\_\_\_, \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Fax #: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Email: \_\_\_\_\_

- 1) What is the total square footage of your plant? \_\_\_\_\_
- 2) What is the incoming voltage & amperage of the main panel for the plant (if more than one, list all)?
  - i. voltage: \_\_\_\_\_ amperage: \_\_\_\_\_
  - ii. voltage: \_\_\_\_\_ amperage: \_\_\_\_\_
  - iii. voltage: \_\_\_\_\_ amperage: \_\_\_\_\_
- 3) List all voltage used in plant 208vac and above:
  - i. \_\_\_\_\_
  - ii. \_\_\_\_\_
  - iii. \_\_\_\_\_
- 4) List all overhead bus bars in plant by area and their approximate length:
  - i. area: \_\_\_\_\_ length: \_\_\_\_\_
  - ii. area: \_\_\_\_\_ length: \_\_\_\_\_
  - iii. area: \_\_\_\_\_ length: \_\_\_\_\_
  - iv. area: \_\_\_\_\_ length: \_\_\_\_\_
  - v. area: \_\_\_\_\_ length: \_\_\_\_\_
  - vi. area: \_\_\_\_\_ length: \_\_\_\_\_
  - vii. area: \_\_\_\_\_ length: \_\_\_\_\_

**ARC FLASH HAZARD ANALYSIS**  
For further help with completing questionnaire, you may contact Dave Clark at 1-888-283-7963

Fax completed form to 1-812-283-7992  
or  
e-mail as an attached file to  
davidc@paco.win.net

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Revised: October, 2009

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- 5) How many 3ph breaker boxes do you have? \_\_\_\_\_
- 6) How many wall disconnects do you have? \_\_\_\_\_
- 7) How many disconnects (buckets) are in your switchgear? \_\_\_\_\_
- 8) Approximately how many pieces of equipment do you have connected to 208 3ph or higher voltage?  
\_\_\_\_\_
- 9) Do you have a plant electrical drawing?  Yes  No  
Is the drawing up-to-date?  Yes  No
- 10) Do you have electrical personnel who can work with us?  Yes  No
- 11) Are you interested in gathering the required information yourself?  Yes  No
- 12) Are you interested in installing the arc flash warning labels yourself?  Yes  No
- 13) Are you interested in **pāco manufacturing**<sup>®</sup> to provide training to your employees?  Yes  No
- 14) If training is requested, what is the number of employees you wish to train? \_\_\_\_\_
- 15) Do you have a lift we can use if needed to do plant analysis?  Yes  No
- 16) Is there a day in which power can be shut off if needed?  Yes  No  
Which day is available: \_\_\_\_\_ Time of day: \_\_\_\_\_  
Please list contact person needed to schedule a power shut-off: \_\_\_\_\_

*Thank you for completing this questionnaire. Please fax the completed form to 1-812-283-7992. We will confirm receipt of the questionnaire by email from contact information provided above within 24 hours.*

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