

## Appendix G: FM Approval for Class I, Division 1 Hazardous Locations

The purpose of this form is to ensure that the heat-tracing system used in the Division 1 location is appropriate for that area classification. Send this form to the Tyco Thermal Controls Customer Service Center, fax number (800) 527-5703.

***This form must be completely filled out before the Division 1 heating cable and components can be shipped to the customer.***

1. Purchase order number \_\_\_\_\_
2. Name of purchaser filling out this form \_\_\_\_\_
3. Company \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_ Phone ( ) \_\_\_\_\_
4. How many component kits will you require? \_\_\_\_\_
5. Name and location of company where the Division 1 heating cable and components will be installed.  
 Company \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Contact person \_\_\_\_\_ Phone ( ) \_\_\_\_\_
6. What is the T-classification of the area? (If none, fill out questions 7 and 8.) \_\_\_\_\_
7. What substance in the area is influencing the decision to use Division 1 equipment? \_\_\_\_\_
8. What is the autoignition temperature (AIT), expressed in °C, of the substance? \_\_\_\_\_  
 The maximum sheath temperature is 80% x AIT (expressed in °C).  
**Note:** This section must be filled out if no T-rating is available. See *Appendix F: Hazardous Gases and Vapors* for AIT temperatures for selected flammable gases and vapors.
9. Design data
 

Heating cable catalog number _____	Design safety factor _____
Heating cable trace ratio _____	Maintain temperature _____
Application: pipe, vessel _____	Normal operating temp. _____
Size _____ Material <input type="checkbox"/> steel <input type="checkbox"/> plastic	Max. intermittent temp. _____
Minimum ambient temp. _____	Insulation type _____
Maximum ambient temp. _____	Thickness _____ Oversized <input type="checkbox"/> yes <input type="checkbox"/> no
Installed <input type="checkbox"/> indoors <input type="checkbox"/> outdoors	Voltage _____
10. The user has been notified that ground-fault equipment protection devices are required for all Division 1 applications. All of the above information is believed to be correct.  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

For Tyco Thermal Controls use only. Attach this form to the Tyco Thermal Controls purchase order.

Order number \_\_\_\_\_  
 Approved by \_\_\_\_\_ Date \_\_\_\_\_  
 (Customer Service Center)