

Hazardous Area Classification



For assistance in selecting hazardous area control equipment for your application requirements, please complete this form and submit, along with a description of the application, to:

Rice Lake Weighing Systems
Attn: Hazardous Environment
230 West Coleman Street
Rice Lake, WI 54868
Telephone: 715-234-9171 • Fax: 715-234-6967

RLWS File #: _____	Date: _____	For Rice Lake Office Use Only
Sales Order #: _____	Checked by: _____	
Equipment PN(s) _____	Serial (s): _____	
Factory Mutual Not Applicable: _____	(International Orders Only): _____	

RICE LAKE DISTRIBUTOR INFORMATION:

Distributor Name: _____ Customer Number: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: (_____) _____ Fax: (_____) _____
Contact Name: _____
(Printed name) (Signature) (Date)
Authorized Signature: _____
(Printed name) (Signature) (Date)

END USER INFORMATION:

End User Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: (_____) _____ Fax: (_____) _____
Contact Name: _____
(Printed name) (Signature) (Date)
Authorized Signature: _____
(Printed name) (Signature) (Date)
Title: _____

(The following information is to be defined and completed by the END USER'S plant safety engineer or other authorized party.)

Hazardous Area Classification:

Class/Division: Class _____ Division _____ Group _____ Temperature Class _____
Zone: Zone _____ Group _____ Temperature Class _____

Specific Hazard/Material (please print): _____

Defining Individual: _____
(Printed name) (Signature) (Date)

Defining Authority (Title): _____