



(662605-K)

PA VISION SDN BHD

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Client Enquiry Form- Fire Suppression System

Dear Customer: To avoid error in quotation and to be more accurate to serve you better, we need more information based on attached client enquiry form, please fill up the form for each room that need to be protected.

Client Information		
Company:		
Person In Charge:	Contact Number:	
Email:	Fax Number:	
Project Name:	Site Location:	
Room Descriptions		
Room Name:		
Height (m):	Length(m):	Width(m):
Other dimension (Kindly attach the layout of the room):		
Raised Floor Height (m) :		
Ceiling Void (m):	Room Space (m):	
Number of room that need to be covered: 1		
Gas system: <input type="checkbox"/> FM200 <input type="checkbox"/> IG 55 <input type="checkbox"/> Nitrogen (IG100) <input type="checkbox"/> INERGEN(IG541) <input type="checkbox"/> NOVEC1230 Others (To states): _____		
TNB Requirement (5 years warranty): <input type="checkbox"/> YES <input type="checkbox"/> NO		
Type of Main Fire Alarm Panel: <input type="checkbox"/> Addressable <input type="checkbox"/> Conventional		
If Conventional MFPA system, distance of the wiring link from room to MFAP (m):		
If Addressable MFPA, 1. The nearest module to gas suppression panel (m): _____ 2. Brand of addressable system: _____ 3. Programming To be included: _____ (If yes, please give the contact of maintenance personnel)		
PE Endorsement Required: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Bomba Submission: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Bomba inspection: <input type="checkbox"/> Yes <input type="checkbox"/> No		
UL/FM listed requirement: : <input type="checkbox"/> Yes <input type="checkbox"/> No		
Any masonry/brick wall/concrete wall for cylinder mounting: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
State any Special Requirement:		
Scope of Work	<input checked="" type="checkbox"/> Supply – Deliver – Install – Commission	<input type="checkbox"/> Supply – Deliver – Commission
	<input type="checkbox"/> Supply – Commission	<input type="checkbox"/> Supply
	<input type="checkbox"/> Others _____	

Note: 1) Attached specification/technical data or BQ if any.
2) Attached drawings of possible. (Indicate possible mounting location)