

Glove Box Selection Form

Name _____

Company _____

Address _____

Email _____

Phone Number _____

1. Are you looking for (select all that apply)?

- Inert Atmosphere Only (low moisture/oxygen) Powder/Particulate Containment Only
 Both – require a combination

2. For inert atmosphere glove boxes, please select what type of environment you are looking for:

Oxygen Level - _____ ppm or %

Moisture Level - _____ ppm or %

a. How often will you need this glove box for your application?

Daily Weekly Monthly Other: _____

b. What inert gas will you be using?

Nitrogen Argon Other: _____

c. How will this gas be supplied?

Gas cylinders House Supply Other: _____

3. Will any equipment be housed in the glove box?

Yes No

Dimensions (If equipment can be broken down, dimensions of largest object) _____

If using equipment in the glove box, please list make, model, and heat output.

4. Do you need a base stand? Yes No

5. Will you be using any corrosive, oxidizing or flammable chemicals, APIs or Nanoparticles? Yes No

6. What chemicals, powders, nanoparticles and/or APIs will you be using?

7. Please explain your process that requires a glove box:

8. Total number of electrical outlets required (duplex is included as standard)? _____

Would a power strip suffice? Yes No

9. Are pass-throughs required? Yes No Quantity _____

10. Please list any other requirements, accessories or customizations required.

11. Questions/Comments:

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