

OMNITEK

Pre-conversion Check List

FILE NO.:

Customer Name: _____

Date: _____

Address: _____

Tel: _____ email: _____

Vehicle Mileage / Hrs: _____

Vehicle Make / Year / Model: _____

Engine Model / HP: _____

Vehicle VIN: _____

Engine #: _____

"EPA Listed" Kit Identification Nr.: _____

OE Emission Label: _____

ENGINE DATA	NOTES
Application: Truck <input type="checkbox"/> Bus <input type="checkbox"/> Genset <input type="checkbox"/>	
Engine Bore x Stroke:	
Number of Cylinders:	
Induction: NA <input type="checkbox"/> Turbo <input type="checkbox"/> Air-to-Air Intercooler YES NO	
Boost Pressure Bar _____ kpa _____ psi _____	
ENGINE CONDITION	
Smoke: normal <input type="checkbox"/> excessive <input type="checkbox"/> obvious engine damage <input type="checkbox"/>	
Noise: normal <input type="checkbox"/> excessive <input type="checkbox"/> obvious engine damage <input type="checkbox"/>	
Oil Leak: normal <input type="checkbox"/> excessive <input type="checkbox"/> obvious engine damage <input type="checkbox"/>	
Compression Test: Cyl 1 _____, Cyl 2 _____, Cyl 3 _____ Cyl 4 _____, Cyl 5 _____, Cyl 6 _____, Cyl 7 _____, Cyl 8 _____	
Engine conversion: In-frame <input type="checkbox"/> Out-off frame <input type="checkbox"/>	
ADDITIONAL INFORMATION ON ENGINE CONDITION	

NOTES:

PROPOSED FUEL SYSTEM	NOTES
CNG <input type="checkbox"/> LNG <input type="checkbox"/>	
Daily driving distance _____ Miles	
Proposed number of tanks and/or size:	
Type1 <input type="checkbox"/> Type2 <input type="checkbox"/> Type3 <input type="checkbox"/> Type4 <input type="checkbox"/> LNG <input type="checkbox"/>	



Pre-conversion Evaluation Form

FILE NO.:

Customer Name: _____ Date _____

Address: _____

Tel: _____ Fax: _____ email: _____

Desired Fuel (CNG, LPG, Hydrogen): _____

ENGINE DATA	
Manufacturer / Model Number / Model Year	
Application (e.g. Truck, Bus, Gen-set)	
Engine Capacity (total in litres), Bore x Stroke	
Number of Cylinders	
Cylinder Configuration (e.g. in-line / vee)	
Firing Angle between Cylinders if applicable (45, 60, 90° etc)	
Compression Ratio	
Firing Order	
RPM Operating Range (cranking/ idle / max / rated)	
Induction - (naturally aspirated, turbo, intercooled)	
Boost Pressure (BAR)	
Induction Type (2 stroke / 4 stroke)	
Engine Fuel Type (diesel, gasoline)	
Electric Start (yes / no)	
Miles / Kilometers / Hours on Engine (Vehicle)	()
Overall Condition of Engine:	
Additional Information: Compression Test: Cyl 1 _____, Cyl 2 _____, Cyl 3 _____, Cyl 4 _____, Cyl 5 _____, Cyl 6 _____, Cyl 7 _____, Cyl 8 _____	
IGNITION SYSTEM DATA:	
Supply Voltage (igniter / coils) (12 V, 24 V)	
Ignition type (single coil, dual coil, distributor, coil-on, plug)	
Timing disc - (camshaft or crankshaft mounted)	
Spark Plug Manufacturer & Type	
Spark Plug Gap	
Spark Plug Wires Type and Manufacturer	
Total Resistance (including connectors)	



Pre-conversion Evaluation Form

Ignition timing Range Required (degrees)	
Global Retard Required (yes / no)	
RPM Limiter Required (yes / no)	
Other Analogue / Digital Inputs / Outputs Required?	
Number of Maps Required	
Additional Information	
FUEL SYSTEM DATA:	
Electronically Controlled Fuel Injection (yes / no)	
Demand Type Reducer / Mixer (yes / no)	
Gas Supply Pressure (BAR)	
Driving Range Required (miles, Km)	
How many CNG Cylinders? What Size?	Cylinders: Size:
Current Fuel Use: Gasoline __ Diesel __ Fuel Oil __	Gallon/Liter _____ Trip / Day _____
Additional Information: Fuel amount used pre conversion - _____	
GENERAL DATA:	
Emissions Testing Required (yes / no, static, dyno, vehicle)	
Test Duration (program start / finish dates)	
Test Environment (temperature / humidity)	
Emissions Standard Target	
Performance Target (Hp or Kw)	
Additional Information: Water Pump Performance - Gallons per Hour _____	