

FORM FOR CENTRALIZED VACUUM SYSTEM

Date: __/__/__

Ref. system: _____

Company:			
Address:			
Phone:			
Fax:			
E-mail & web:			
Contact:			
Project Name:		Requested details:	
Product Name:			
Features:	<input type="checkbox"/> Toxic	Horizontal distance max:	
	<input type="checkbox"/> abrasive	Height max:	
	<input type="checkbox"/> flammable	Piping:	<input type="checkbox"/> Zinc Coated
	<input type="checkbox"/> corrosive		<input type="checkbox"/> stainless steel piping
	<input type="checkbox"/> hygroscopic	Total outlets	Working at a time
	<input type="checkbox"/> other :	Flex hose (in mtr):	
Spec. Weight:	Kg/dm	Accessories Ø :	
Qty of Product :	Kg/h or day	Bracketing:	<input type="checkbox"/> Collars
Granulometry:	Minimum:		<input type="checkbox"/> Wall bracket
	Maximum:		<input type="checkbox"/> Ceiling bracket
Humidity:	%		<input type="checkbox"/> Other:
Temperature :	°C	Product unload :	<input type="checkbox"/> Automatic <input type="checkbox"/> Manual <input type="checkbox"/> Clapet
Flow ability:	<input type="checkbox"/> Few		<input type="checkbox"/> Butterfly valve
	<input type="checkbox"/> Middle		<input type="checkbox"/> Slide valve
	<input type="checkbox"/> Good		<input type="checkbox"/> Rotary valve
Filter cleaning:		<input type="checkbox"/> Automatic	<input type="checkbox"/> Manual
Room temperature:		°C	
Available space:		mm	
Working Time:		<input type="checkbox"/> Continuous	
		<input type="checkbox"/> Discontinuous	
Volt :		Hz:	
Micro on the outlets:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Electrical protection		<input type="checkbox"/> IP 54 <input type="checkbox"/> IP 55 <input type="checkbox"/> ATEX	
		<input type="checkbox"/> EEXD (flame proof)	