

FORM FOR DUST/FUME EXTRACTOR SYSTEM

Date: __/__/__

Ref. system: _____

Company:			
Address:			
Phone:		Fax:	
E-Mail:		Website:	
Contact Person:		Contact Number:	
<i>Short description of Application:</i>			
Product:			
(Specify if it is DUST/Dust+ Fumes/FUMES)			
Product Features :			
<input type="checkbox"/> Toxic		<input type="checkbox"/> Corrosive	
<input type="checkbox"/> Abrasive		<input type="checkbox"/> Hygroscopic	
<input type="checkbox"/> Flammable		<input type="checkbox"/> Other	
Filter Cleaning:			
<input type="checkbox"/> Automatic		<input type="checkbox"/> Manually	
Total Points of Extraction:		Points of Extraction working at a time:	
Quantity of Product sucked each day or per hour –specify:			
Tank Capacity:			
Power (KW):			
Version:			
<input type="checkbox"/> Painted		<input type="checkbox"/> Tank in SS	
<input type="checkbox"/> Tank & Filter Chamber in SS		<input type="checkbox"/> Completely in SS	
Hepa Filter:			
<input type="checkbox"/> Required		<input type="checkbox"/> Not Required	
Working Area:			
<input type="checkbox"/> NON ATEX		<input type="checkbox"/> Zone ATEX 20	
<input type="checkbox"/> Zone ATEX 22		<input type="checkbox"/> Zone ATEX 21	<input type="checkbox"/> Zone ATEX 20
<input type="checkbox"/> Zone ATEX 2		<input type="checkbox"/> Zone ATEX 1	<input type="checkbox"/> Zone ATEX 0
Sector of Application:			
<input type="checkbox"/> Mechanical		<input type="checkbox"/> Food	
<input type="checkbox"/> Pharmaceutical		<input type="checkbox"/> General cleaning	
<input type="checkbox"/> Other		<input type="checkbox"/> Chemical	
Ducting:			
<input type="checkbox"/> MS Spiral		<input type="checkbox"/> SS 304	
Accessories Required:			
<input type="checkbox"/> Hoods			
<input type="checkbox"/> Hoses			
<input type="checkbox"/> Flexible Arms			
<input type="checkbox"/> Special accessories required please specify :			