

Planning Inquiry for Exhaust Air Cleaning Systems

company: _____ address: _____
contact: _____
project/no.: _____ date: _____
phone: _____ fax: _____
E-Mail: _____

flow rate: _____ [m³/h] concentration tot. C: _____ [mg/m³]
odour: _____ [OU/m³]
pressure: _____ [Pa] temperature: _____ [°C] rel. humidity: _____ [%]

indoor installation

outdoor installation

exhaust air contaminants: _____

If possible please send us the MSDS.

aerosols/dust: yes no concentration: _____ [mg/m³]

description of process: _____

load constant? yes no

filter exists? yes no class: _____

suction unit exists? yes no power consumption of ventilator: _____

Scope for the device application?

to comply to environmental regulations

removal of odours

other: _____

pilot test desired?

test location: _____

How did you find us? _____