

**FORM FOR DUST/FUME EXTRACTOR SYSTEM**

Date: \_\_/\_\_/\_\_

Ref. system: \_\_\_\_\_

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