

Air Treatment System - Air Scrubbers Questionnaire

Name of Project: _____

Location: _____

Contact Person: _____ Position: _____
Phone: _____ Email: _____

Background Information

Application: _____

Guideline(s) Required To Be Met: _____

Certificate of Approval (Certificate of Approval) Required: No Yes
If yes, Applied Existing Required

Type of Project: New Plant Upgrade Existing Replace Old Equipment

Time to Implement New System: 1-3mth 3-6mth 6-12mth Other: _____
Hours of Plant Operation: 8 hrs 16 hrs 24 hrs Other: _____
Days of plant operation: _____

Application's Technical Specifications

Existing Ventilation: _____ (cfm)

1st Contaminant: _____ ppm
Others: _____ ppm
Is Corrosion an issue: No Yes

Total Airflow Rate: _____ (cfm)

Odour/ Air Contamination Source: _____ If Duct/Stack, Diameter: _____
Discharge Point: Atmosphere Indoor Others: _____
Distance from Air source To Treatment System: _____

Area/Room Available For System: _____
Dimensions: _____ Length _____ Width _____ Height

Is the Room Heated or Cooled? No Yes
Is the Room Pressurized? No Yes _____ ac/hr

What is Existing ISA Rating: G1/G2/G3 /GX _____

Is Equipment Used for h/c? No Yes
Model and Capacities for h/c _____

Preheating Required? No Yes
Temperature _____ C°/F°

Cooling Required? No Yes

Configuration of New Unit: Horizontal Vertical

Material of Construction: Fiberglass
 Carbon Steel
 304SS
 316 SS
 Others: _____

Number of Media Beds Required: _____

Power Available on Site:
 3-Phase _____ V _____ Amps _____ Hz
 Single Phase _____ V _____ Amps _____ Hz

Required Automation: No Yes
Manual /PLC/ Relay/Telemetry: _____

Pre-Testing Requirements No Yes
Rental Package Required by Customer Prior to Installation of Full Scale System

Please attach air analysis report:

Please describe any Existing Treatment System(s) currently operating:

Simplified Layout: