



CENTRALIZED VACUUM CLEANER APPLICATION: DATA COLLECTION

1	Company Name	
	Address	
2	Phone Number	
	E-mail	
	Fax	
	Contact Person	
	Designation	
	Mobile Number	
	Application where equipment is Required	Location Department)
3	Details of DUST	
	Dust Material	
	Bulk Density (kg /m3)	
	Particle size (microns)	
	Anticipated dust quantity per day (kg/day)	
	Nature of dust (please tick)	<input type="checkbox"/> Hygroscopic(moisture) <input type="checkbox"/> Abrasive <input type="checkbox"/> Corrosive <input type="checkbox"/> Explosive <input type="checkbox"/> Sticky
	4	Utilities:
	Electricity:	
	Voltage	Volts
	Frequency	Hz
	Phase	<input type="checkbox"/> Three <input type="checkbox"/> Single
	Required noise level	db

5	Number of inlet ports where dust to be collected		Nos.
6	Number of ports to be operated simultaneously		Nos.
7	Vacuum pan required or not	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8	Number of vacuum pans required		Nos.
9	Enclose layout of the place	<input type="checkbox"/> Yes <input type="checkbox"/> No	
10	Indicate location of inlet vacuum port	<input type="checkbox"/> Yes <input type="checkbox"/> No	
11	Indicate location of vacuum pan	<input type="checkbox"/> Yes <input type="checkbox"/> No	
12	Routing of the pipe line	<input type="checkbox"/> Trench <input type="checkbox"/> Roof	
13	If pipe is installed in roof, notify the elevation		mm

Prepared by:	Date
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Customer Signature and Date with office seal