



**DUST COLLECTOR APPLICATION: DATA COLLECTION**

1	Company Name			
	Address			
	Phone Number			
	E-mail			
	Fax			
	Contact Person			
	Designation			
	Mobile Number			
2	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	Dust Collector Location (please tick)	<input type="checkbox"/>	indoor	<input type="checkbox"/>
	If indoor, mention the height restriction			m
6	Number of machines where dust to be collected			Nos.
7	Dust emitting point and the size of the dust capturing hood			mm
		Machine 1		mm
		Machine 2		mm
		Machine 3		mm
8	Distance from the dust orgin point and face of the hood (This distance should not too high, maximum 300 mm for effective dust collection)			mm
9	The distance between dust emitting machines			mts
10	Location of the dust collector from the last dust emitting machines (Distance)			mts
11	Please attach sketch of plant layout	<input type="checkbox"/>	Yes	<input type="checkbox"/>
12	Availability of compressed air for automatic cleaning of filter bags	<input type="checkbox"/>	Yes	<input type="checkbox"/>
13	Compressed air pressure ( 6 bar is needed)	<input type="checkbox"/>	Max.,	<input type="checkbox"/>
14	Whether compressed air is clean and dry	<input type="checkbox"/>	Yes	<input type="checkbox"/>
Prepared by:			Date:	
Customer Signature and Date with office seal				