



QUESTIONNAIRE No ___ dated ___/___/2020

for Gas Treatment Equipment Supply

(to be filled by Customer or Designer)

Customer:

Enterprise _____

Address _____

Tel/Fax _____

Name and position of contact person _____

Tel _____

Fax _____

E-mail _____

No.	Questions	Data	Meas. units
1	Customer's Company name, legal address, name of CEO or person in charge, contacts (telephone number, fax, e-mail)		
2	Main processes (manufactured products, production line)		
3	Name of General Designer Company (contacts) and name of gas treatment facility designing company. Specify, if there is no design and its development is required		
4	Climatic conditions in construction area (minimum winter, maximum summer and annual average temperature, average barometric pressure)		
5	Brief description of the unit downstream of which the gas treatment facility shall be installed (retrofit)		
6	Specify off-gas volume (aspiration air) upstream of the facility under normal working conditions		Capacity, thou.m ³ /h
7	Off-gas temperature (specify temperature upstream of each facility and upstream of draft unit)		°C
8	Off-gas dust content upstream of baghouse		g/nm ³
9	Maximum allowable negative pressure (pressure) of gases: <ul style="list-style-type: none">• upstream of facility• downstream of facility		Pa Pa
10	Allowable flow resistance of facility		Pa
11	Off-gas chemical composition		%
12	Gas moisture content		g/m ³
13	Dust characteristics:		kg/m ³

	<ul style="list-style-type: none"> • bulk density • angle of repose • particle size composition • dust physical properties (hygroscopic, caking property, abrasive ability, inflammability, etc.) • chemical composition 		deg.%
14	Requirements to gas treatment facility: <ul style="list-style-type: none"> • dust collector type • maximum allowable final dust content • automation level • necessity in individual rood for baghouse (for outdoor installation) 		g/m ³
15	Equipment working conditions (indoor/outdoor)		
16	Compressed air availability (pressure, flow rate)		atm., m ³ /min
17	Model and ratings of existing (designed) draft unit (fan, smoke exhauster, etc.)		

Person completing the Questionnaire, name, position

