

About You

Name:	
Company:	
Address:	
City/State/Zip:	
Phone:	

Please select or advise each option applicable.

- 1. Type of contaminant/particulate (select one):
 - Welding smoke
 - Oil mist (petroleum-based)
 - Water-based coolant
 - O Other:
- 2. Installation location
 - Indoors Outdoors
- 3. If installed indoors, is it:
 - Ambient capture Source capture
- External static pressure (including ductwork and drops): SP
- 5. Air volume through unit: _____ CFM
- 6. Air stream temperature: _____ °F
- 7. Fan required:
 - Utility centrifugal type
 - Inline type
 - $^{\circ}$ No fan required
- 8. Voltage and phase available at job site for:
 - Unit voltage: _____ Phase _____
 - Exhaust fan voltage: _____ Phase _____

Project Details:

Date:	
Submitted by:	
Project Name:	
Ship to Address:	
Ship to City/State/Zip:	

- 9. Water wash system required?
 - Yes No
- Distance from TRION exhaust unit to Water Wash Control Panel (Control Panel provided by TRION for water wash enabled units): _____ ft
- 11. 95% bag filters required as secondary filtration? ○ Yes ○ No
- 12. Special requirements or notes: ____
- 13. Required items requested for your project (select all):
 - □ AutoCAD layout documents
 - □ PDF layout documents
 - □ Fan submittal
 - □ Sequence of Operations documents
 - □ Schedules for units
 - □ Specification section