

Dust Collection Application Information

Customer/Distributor: _____

Contact: _____

City/State: _____

Phone: _____

End User: _____

Email: _____

Filter Info

Filter Part #: _____

Filter Mfg: _____

Qty of Filters: _____

Filter Size: (ODxIDxOAL) _____

Media Type: _____

Sq Ft of Media: _____

of Pleats: _____

Outer Support? _____
(Type of Support)

Inner Support?: _____
(Type of Support)

Dust Info

Particle Size: _____

Characteristics: _____
(Abrasive, Fume, Agglomerating)

Collector Info

Collector Mfg: _____

ACFM: _____

Dust Type: _____
(Time, pressure drop?)

Pulse Type: _____

Pulse PSI: _____

Operating Temp?: _____

Operating Time: _____
(Hours per day)

Safety Filters?: _____

Collector Location: _____

Recirculated Air: _____