



Dust Collection Application Information

Date: _____

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) _____

Collector Info

Collector Mfg: _____

ACFM: _____

Dust Type: _____

Pulse Type:
(Time, pressure drop?) _____

Pulse PSI: _____

Operating Temp?: _____

Operating Time:
(Hours per day) _____

Safety Filters?: _____

Collector Location: _____

Recirculated Air: _____

Dust Info

Particle Size: _____

Characteristics:
(Abrasive, Fume, Agglomerating) _____