

Sternvent Dust Problem Worksheet

1. Type of Manufacturing Process: _____
2. Number of Dust Sources to be Ventilated: _____ Please Itemize: _____

3. Number of Dust Sources Operating Simultaneously: _____
4. Hours Per Day System will Operate: _____
5. Operation is: Production Intermittent
6. Type of Dust Receptacle Desired:
 55 Gallon Drum(s) Small Drawer (not for production)
 Large Container (Airlock Discharge)
7. Filtered Air to be Returned to Building? Yes No
8. Dust Collection System to Replace Existing System? Yes No
If Yes, please give details on back of this questionnaire.
9. Dust Collector to be Located: Indoors Outdoors
Floor Space _____ On Ground
Head Room _____ On Roof
10. Blower to be Furnished by: Sternvent Customer
11. Electrical Service Available: _____ Volts _____ Phase _____ Hz.
12. Please use the back of this questionnaire to sketch location of dust source(s) and desired location of dust collector(s). If dust sources have built-in pipe connection, please indicate size.

Complete The Following Section Only If Chemical or Powder

13. Description of dust to be handled, provide as much information as possible. If possible, please provide a sample of dust to be collected and a Material Safety Data Sheet (MSDS)
- a. Type: _____
- b. Particle Size (Microns) Average: _____ Range: _____
- c. Acid or Alkaline Condition: _____ Temperature of Air Stream: _____
- d. Is Dust Abrasive? _____ Explosive? _____
- e. Dry? _____ Hydroscopic? _____ Sticky? _____
- f. Weight per cu. ft.: _____ Estimated cu. ft./hr. of dust: _____

Firm Name _____

Street Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ E-Mail _____



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