## Sternvent Dust Problem Worksheet

1. **Type of Manufacturing Process:**
   
2. **Number of Dust Sources to be Ventilated:**
   
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  
   - [ ] On Ground  
   - [ ] 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:**
    c. **Acid or Alkaline Condition:**
    d. **Is Dust Abrasive?**
    e. **Dry?**
    f. **Weight per cu. ft.:**  
       Estimated cu. ft./hr. of dust:

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**Firm Name:**

**Street Address:**

City ________________ State ________________ Zip ________________

**Phone:** ________________ Fax ________________ E-Mail ________________

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