



CARTRIDGE FILTER APPLICATION QUESTIONNAIRE

Date of Request: _____ Phone: _____
 Company Name: _____ Fax: _____
 Address: _____ Contact Name: _____
 City | State | Zip: _____ Email address: _____

DUST COLLECTOR INFORMATION

Manufacturer's Name: _____ Model No.: _____
 Air Volume (ACFM): _____ Air/Cloth Ratio: _____
 Operating Temperature: _____ Max Temp: _____
 Operating Pressure Drop (in W.G.): _____ % Moisture: _____
 # of Filters: _____ Max Pressure Drop: _____

Dust Collector Mounted: Indoors Outdoors

DUST

Process Being Ventilated
 Dust Particulate of:

Characteristics	Hydroscopic	Agglomerating	Sticky
Particulate Size Range (Microns)	Large:	Small:	Dust Loading (lbs/hr or gr. Cu. Ft.):

PULSE CLEANING CONDITIONS

Pulse Cleaning:	On Line	Off Line	Pulse Air Pressure (PSIG)	Blow Hole Size (Diameter)
Pulse Initiated by	Timer	Photohelic (set points in W.G.)	High:	Low:
Time between Pulses (seconds):		Size of Valve (inches):		No. of Valves:

MEDIA CURRENTLY USED

Type of Fiber Media: _____ Amount of Media (per filter): _____
 Current Filter Brand or P/N: _____ Current Filter Life: _____
 Pre-Conditioning, if used (Lime, D.E. etc) :

WHAT ASPECTS OF YOUR DUST COLLECTOR OPERATION REQUIRE IMPROVEMENT