

Application Check List

- ❑ Date: _____ Eliminator _____
- ❑ Name of company: _____
- ❑ Address of company: _____
- ❑ Contact at company: _____ Title: _____
- ❑ Phone number: _____ Fax number: _____
- ❑ Type of mist to be collected: (mist from parts washer, water based coolant, oil) _____
- ❑ Temperature range of mist: _____
- ❑ Type of machine producing the mist: _____
- ❑ Number of machines for each mist eliminator: _____
- ❑ Number of mist eliminators required: _____
- ❑ Length of connecting pipe from collection point to mist eliminator _____
- ❑ Length of manifold and connecting branches if applicable (include sketch for use in duct sizing:

- ❑ Description of existing collection equipment if any including flow rate:

- ❑ Estimated inlet area of each collection hood in square feet: _____
- ❑ Voltage, phase, frequency required for motors: _____
- ❑ Turn key installation required yes or no: _____
- ❑ Required ship date for mist eliminators if applicable: _____
- ❑ Preferred shipping company if applicable: _____

Comments: _____

