



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: _____

