



Questionnaire for extraction system or chimney treatment

Customer Name	_____
Contact	_____
Phone	_____
Fax	_____
E-mail	_____
Person in charge of the project	_____

Technical facts	
Extracted air	
Bad smells type / Process nature	_____
Air analysis	Odors units (OU/m ³): _____
	H ₂ S concentration (ppm): _____
	NH ₃ concentration (ppm): _____
	Mercaptans concentration (ppm): _____
	Other (ppm): _____

Air flow (m ³ /h)	
Air temperature (°C)	
Moisture rate (%)	
Dust presence	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fat presence	<input type="checkbox"/> Yes <input type="checkbox"/> No
Air analysis report	To enclose
Air extraction network	
Air extraction duct	Air flow (m ³ /h): _____
	Diameter (cm): _____
	Length (m): _____
	Tapping possibility: <input type="checkbox"/> Yes <input type="checkbox"/> No
Chimney	Air flow (m ³ /h): _____
	Diameter (cm): _____
	Length (m): _____
	Tapping possibility: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Chimney internal material: _____
	Internal temperature (°C): _____
Extraction network plan / scheme / pictures	To enclose



Technical facts

Other

Distance to the nearest neighbors (m)

Wind direction

Bad smells emission

Actual bad smells treatment system on place

Static

Dynamic

If dynamic; maximal value (UO/m³): _____

Constant

Sequential

If sequential; interval between 2 sequences: ____

Yes

No

If yes; short treatment system description: _____

Comments