BIOTHYS™
OLFACTIVE SILENCE

Questionnaire for extractor hoods treatment

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

Technical facts

Extractor hood

Kitchen type	❑ Hotel/Restaurant ❑ Fast Food
Extractors number	_____
Flow per extractor (m^3/h)	_____
Extractor type	❑ Central ❑ Individual
Extractor duct dimensions	Width (cm): _____ Length (m): _____ Diameter (cm): _____ Height (m): _____
Air renewal rate (m^3/h)	_____
Duct accessibility	❑ Easy ❑ Difficult
Filter presence	❑ Yes ❑ No
Dust presence	❑ Yes ❑ No
System operating state	❑ Good ❑ Bad
Air temperature (°C)	_____
Operating time	per day : _____ per year: _____
System plan / scheme / pictures	**To enclose**
Actual bad smells treatment system on place	❑ Yes ❑ No If yes; short treatment system description: ___ _____ _____

Comments

_____
_____
_____
_____
_____

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