



Questionnaire for hotel treatment

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

Technical facts	
Central air-conditioning system	
Ventilation chamber number	_____
Airflow per ventilation chamber (m ³ /h)	Chamber 1: _____ Chamber 2: _____ Chamber 3: _____
Percentage of reused air (%)	_____
Percentage of fresh air (%)	_____
Air renewal rate (m ³ /h)	_____
Accessibility to the ventilation chambers	<input type="checkbox"/> Good <input type="checkbox"/> Bad
Accessibility to the ventilation duct	<input type="checkbox"/> Good <input type="checkbox"/> Bad
Presence of dust	<input type="checkbox"/> Yes <input type="checkbox"/> No
Installations condition	<input type="checkbox"/> Good <input type="checkbox"/> Bad
Plan / scheme / pictures	To enclose
Individual air-conditioning systems	
Ventilators types number	_____
Ventilators number per type	Ventilator type 1: _____ Ventilator type 2: _____ Ventilator type 3: _____
Airflow per ventilator type (m ³ /h)	Ventilator type 1: _____ Ventilator type 2: _____ Ventilator type 3: _____
Percentage of reused air (%)	_____
Percentage of fresh air (%)	_____
Accessibility to the systems	<input type="checkbox"/> Good <input type="checkbox"/> Bad
Installations condition	<input type="checkbox"/> Good <input type="checkbox"/> Bad
Plan / scheme / pictures	To enclose



Technical facts

Other problems

Garbage container / trash compactor
Grease trap
Staff cloakroom
Parking /garage
Kitchen extractor hood

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Other

If yes; see the „Extractor hood “questionnaire“

Other problems description

Comments