



Questionnaire for process buildings treatment

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

Technical facts

Building

Building type (Process, Storage, Hall, ...)

Bad smells source description
(material type, amount...)

Air analysis

Building size

Air analysis report

Building plan / scheme / pictures

Odors units (OU/m³): _____

H₂S concentration (ppm): _____

NH₃ concentration (ppm): _____

Mercaptans concentration (ppm): _____

Other (ppm): _____

Length (m): _____

Height (m): _____

Roof slope (%): _____

Width (m): _____

To enclose

To enclose (with windows, doors, boundary walls...)

Ventilation system

Ventilation system

Yes

No

If yes; ventilators number: _____

Ventilators flow (m³/h): _____

Air renewal rate (m³/h): _____

Air extraction system

Yes

No

If yes; see the „Extraction system“ questionnaire

Air-conditioning system

Yes

No

If yes; short description: _____

Ventilation system plan / scheme / pictures

To enclose



Technical facts

Other

Internal temperature (°C)
Moisture rate (%)
Dust presence
Distance to the nearest neighbors (m)
Wind direction
Bad smells emission

Actual bad smells treatment system on place

Yes

No

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