

# Dust Filtration Questionnaire



COMPANY NAME : \_\_\_\_\_

ADDRESS: \_\_\_\_\_ DATE ORIGINATED : \_\_\_\_\_  
 \_\_\_\_\_ REFERENCE NO : \_\_\_\_\_  
 \_\_\_\_\_

CONTACT PERSON : \_\_\_\_\_ INDUSTRY : \_\_\_\_\_

TEL : \_\_\_\_\_ APPLICATION : \_\_\_\_\_

E-MAIL : \_\_\_\_\_ FAX : \_\_\_\_\_

Product Filtered \_\_\_\_\_

## 1 EQUIPMENT DATA

<b>Filtration from Inside</b>		<b>Filtration from Outside</b>	
Cleaning by	Reverse Air <input type="text"/>	Type	Bag <input type="text"/>
	Shake <input type="text"/>		Envelope <input type="text"/>
	Pulse <input type="text"/>		Cassette <input type="text"/>
Other	_____	Other	_____
Manufacturer	_____	No of filters	_____
Capacity	_____	No of bags/sleeves per filter	_____
Sizes of bags/sleeves	_____		

## 2 Process Conditions

Temperature (Nominal) \_\_\_\_\_ °C      Temperature (Maximum) \_\_\_\_\_ °C

Dust \_\_\_\_\_      Dust Concentration \_\_\_\_\_

Gas \_\_\_\_\_

Gas Analysis      SO<sub>2</sub> \_\_\_\_\_ %      O<sub>2</sub> \_\_\_\_\_      H<sub>2</sub>O \_\_\_\_\_ %

Others \_\_\_\_\_

Cleaning Frequency \_\_\_\_\_

Filter flow rates (Give units ie m<sup>3</sup>/m<sup>2</sup>) \_\_\_\_\_

Operating pressure and units \_\_\_\_\_

Max pressure drop and units \_\_\_\_\_

Particle size \_\_\_\_\_

Other details \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## 3 Filter Media

Fabric used \_\_\_\_\_      Life \_\_\_\_\_

Reason for Removal \_\_\_\_\_

Mechanical Damage \_\_\_\_\_      Regular change \_\_\_\_\_

Chemical Damage \_\_\_\_\_      Other \_\_\_\_\_

Blinding \_\_\_\_\_