

## Industrial Exhaust Treatment Interview Sheet

Date completed		Company name	
Division		Representative	
Address		E-mail	
TEL		FAX	

Factory / production line business category			
About production line	Operating hours: ( ) hours per day	Operating days: ( ) days per week	
Deodorization method	<input type="checkbox"/> Filter system <input type="checkbox"/> Photocatalyst system <input type="checkbox"/> Ceramic catalyst system <input type="checkbox"/> Drug addition method <input type="checkbox"/> Activated carbon method <input type="checkbox"/> Combustion system <input type="checkbox"/> Ozone system <input type="checkbox"/> Other ( ) <input type="checkbox"/> No deodorization countermeasures <input type="checkbox"/> Currently under consideration in line with new or additional		
Wastewater treatment equipment currently in use?	<input type="checkbox"/> Yes <input type="checkbox"/> No ★Discharge method? <input type="checkbox"/> Discharge to sewage system <input type="checkbox"/> Discharge to river		
Source of exhaust gases / Odor type	<input type="checkbox"/> Chemical odor from product manufacture <input type="checkbox"/> Foul odor or oil mit from processing equipment <input type="checkbox"/> Foul odor / oily smoke from food processing <input type="checkbox"/> Putrid odor from water treatment or garbage <input type="checkbox"/> Exhaust odor from dining establishment <input type="checkbox"/> Other ( )		
Air volume of exhaust gas	Air flow ( ) m <sup>3</sup> /min		
Exhaust gas temperature and humidity	Temperature ( ) °C	Humidity ( ) °C	
Exhaust gas type and concentration	Type ( )	Concentration ( ) ppm	
Exhaust gas odor concentration	Odor concentration ( )		
Dust present in exhaust gas?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Specifications of plant location	<input type="checkbox"/> Salt damage specification area <input type="checkbox"/> Severe salt damage specification area <input type="checkbox"/> Non-salt damage specification area		
Schedule for introduction of circulating water treatment equipment	<input type="checkbox"/> Budget allocated (Year : , approximate month : ) <input type="checkbox"/> Under consideration <input type="checkbox"/> Currently gathering information Budget for equipment introduction: ( ) Are you considering equipment from a manufacturer other than Aience? <input type="checkbox"/> Yes <input type="checkbox"/> No		
ISO 14000 Series	<input type="checkbox"/> Acquired <input type="checkbox"/> Acquisition scheduled ( approx. year ) <input type="checkbox"/> No acquisition scheduled		
Electrical frequency	<input type="checkbox"/> 50Hz <input type="checkbox"/> 60Hz		
Noise conditions			
Explosion-proof enclosure used?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Installation location *Please attach diagram	Installation location: ( ) Size/dimensions etc.: ( )		
Exit conditions after measures taken	Substance concentration ( ) ppm	Odor concentration ( ) ppm	
Would you like preliminary site survey?	<input type="checkbox"/> Yes ( approx. date ) <input type="checkbox"/> No		
Would you like experiments conducted with demonstration	<input type="checkbox"/> Yes ( approx. date ) <input type="checkbox"/> No		

Please write any questions or requests in the space below.

Thank you very much.

 <b>บริษัท สยาม อินดัสเทรียล แมชชีนเนอรี จำกัด</b> <b>SIAM INDUSTRIAL MACHINERY CO., LTD.</b>			
5/15 หมู่ 6 ถนนบางนา-ตราด กม.15 ต.บางโฉลง อ.บางพลี จ.สมุทรปราการ 10540 โทร 02-312-5300 #215 โทรสาร 02-312-5410 5/15 Moo 6 , Km 15 Bangna-Trad Highway, Bangchalong , Bangplee, Samutprakam 10540 Tel 02-312-5300 #226 Mr.Kirachai (Sales)			
Contact us :	Mr.Kirachai Lengudomlap	Sales Department	M : 061-269-9269 Email : kirachai@siamind.co.th Email : kirachaijob@gmail.com