

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 ³ /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.

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