



## EXAIR APPLICATION DETAILS GUIDE

This information is gathered to facilitate a better understanding of your application and assist in the recommendation of an EXAIR product.

### COMPANY INFORMATION

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax \_\_\_\_\_

E-Mail: \_\_\_\_\_

### PROCESS DESCRIPTION

1. What are you trying to do with the part? \_\_\_Move \_\_\_Cool \_\_\_Blowoff \_\_\_Static Elimination (Please check)

If this is a cooling application, indicate the starting temp. \_\_\_\_\_ and the desired end temp. \_\_\_\_\_

2. Describe the operation; the general configuration of parts and how they are presented.

### PART SPECIFICATIONS

1. Describe products, parts, or materials involved.

2. Dimensions of part. (please specify applicable dimensions and units of measure)

Length: \_\_\_\_\_ Width: \_\_\_\_\_ Height: \_\_\_\_\_ Diameter: \_\_\_\_\_

3. What is the material of the part? \_\_\_\_\_

4. Please describe surface irregularities if other than smooth: (Ex: thru hole, blind hole, cavities, channels, grooves, pockets, ribs, etc)

### PRODUCT MOVEMENT

1. Is the product moving \_\_\_ or stationary \_\_\_? (Please check)

2. If moving on a conveyor, please describe the conveyor:

3. What is the speed of the conveyor or product? \_\_\_\_\_

4. What is the spacing between parts? \_\_\_\_\_

5. What happens with the parts after the blowoff point?

### OTHER

1. What substance are you trying to remove from the part? (i.e. water, dust, oil, etc...)

2. Will you please describe the environmental conditions? (temperature, corrosive, explosion proof, tight spaces, etc...)

3. Do you have a current blow off process in place? Yes \_\_\_\_\_ No \_\_\_\_\_ : If Yes, please describe.

4. If applicable, what is it about your current system that you dislike or does not work? What needs to change?

5. Do you have any photos available of the application? Yes \_\_\_\_\_ No \_\_\_\_\_

6. Do have a drawing of the part? Yes \_\_\_\_\_ No \_\_\_\_\_