

Request for Help Survey

This information is gathered to begin the EXAIR Efficiency Lab process and better understand your application.

COMPANY INFORMATION

Company Name: _____

Contact Name: _____

Phone: _____ Fax _____ E-Mail: _____

APPLICATION DESCRIPTION

1. What kind of product is under consideration for evaluation? (Open pipe, air nozzle, air knife, air gun etc...)

2. What function does your current product provide in your process?




3. How many of this kind of product do you have in house? (Quantity of air nozzles, total length of air knife etc...)

4. Is this a continuous application or does it cycle on and off?
 - A. _____ Continuous
 - B. _____ Cycles on and off Please provide the cycle time (Time On vs. Off Time) _____




AIR SUPPLY DESCRIPTION – in order to determine potential pressure loss/real consumption.

5. What is the main line pressure? _____
6. What is the pressure at the product? _____
7. Main header size _____
8. Drop line size _____

9. If you do not know the pressure at the product (Number 6), please indicate the type, diameter and length of your supply lines below.

- A.  HOSE a _____ Hose, Tube or Pipe Inside Diameter _____
-  TUBE a _____ Hose, Tube or Pipe Outside Diameter _____
-  PIPE a _____ Length of supply line _____

B. Please identify and describe the **SIZE** of fittings/connections used for this application. (Push to lock, hose barb, size of quick disconnects if any, etc...)

-  HOSE BARB _____
-  QUICK DISCONNECT _____
-  PUSH to CONNECT _____
-  PIPE _____

Other: _____

10. What is it about your current system that you dislike? What needs to change?

11. Do you have images or video of the product setup? aa _____

12. Do you have drawings of the product setup? aa _____

13. Is the product/setup available for testing at EXAIR? aa _____