



Gas/Exhaust/Vacuum Application Questionnaire

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Customer Information:

		Date	<input type="text"/>
Company Name	<input type="text"/>	Contact Name	<input type="text"/>
Address	<input type="text"/>	Contact Title	<input type="text"/>
City	<input type="text"/>	Phone Number	<input type="text"/> Ext. <input type="text"/>
State / Province	<input type="text"/>	Mobile / Pager Number	<input type="text"/>
Zip	<input type="text"/>	Fax Number	<input type="text"/>
Country	<input type="text"/>	Email Address	<input type="text"/>

How did you hear about Sonic?

Trade Magazine <input type="checkbox"/>	Thomas Register <input type="checkbox"/>	Tradeshow <input type="checkbox"/>
Search Engine <input type="checkbox"/>	Referral <input type="checkbox"/>	Other <input type="text"/>

Please describe your application or requirement

Pneumatic Conveying <input type="checkbox"/>	Air Knife Drying <input type="checkbox"/>
Air Pressure Booster <input type="checkbox"/>	Blower Replacement <input type="checkbox"/>
Gas Pressure Booster <input type="checkbox"/>	Process Air <input type="checkbox"/>
Forced Air Cooling <input type="checkbox"/>	Combustion Air <input type="checkbox"/>
Vacuum Hold Down <input type="checkbox"/>	Vacuum Lifting <input type="checkbox"/>
	Other <input type="checkbox"/>

Description

I can provide the following upon request

Digital Photo <input type="checkbox"/>	Drawing / Sketch <input type="checkbox"/>	Other <input type="text"/>
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Describe the required performance

Flow Rate <input type="text"/>	<input type="checkbox"/>	SCFM	<input type="checkbox"/>	ACFM	<input type="checkbox"/>	ICFM	<input type="checkbox"/>
	<input type="checkbox"/>	lbs/min	<input type="checkbox"/>	m ³ /min	<input type="checkbox"/>	Other	<input type="text"/>
Pressure <input type="text"/>	<input type="checkbox"/>	in of H ₂ O	<input type="checkbox"/>	in of Hg	<input type="checkbox"/>	mm of H ₂ O	<input type="text"/>
	<input type="checkbox"/>	oz	<input type="checkbox"/>	psig	<input type="checkbox"/>	Other	<input type="text"/>
Vacuum <input type="text"/>	<input type="checkbox"/>	in of H ₂ O	<input type="checkbox"/>	in of Hg	<input type="checkbox"/>	mm of H ₂ O	<input type="text"/>
	<input type="checkbox"/>	oz	<input type="checkbox"/>	psig	<input type="checkbox"/>	Other	<input type="text"/>
Total P ₁ P ₂ <input type="text"/>		Allowable temperature rise (T ₁ /T ₂)	<input type="text"/>		<input type="checkbox"/>	°F	<input type="checkbox"/> °C

What are the plant conditions?

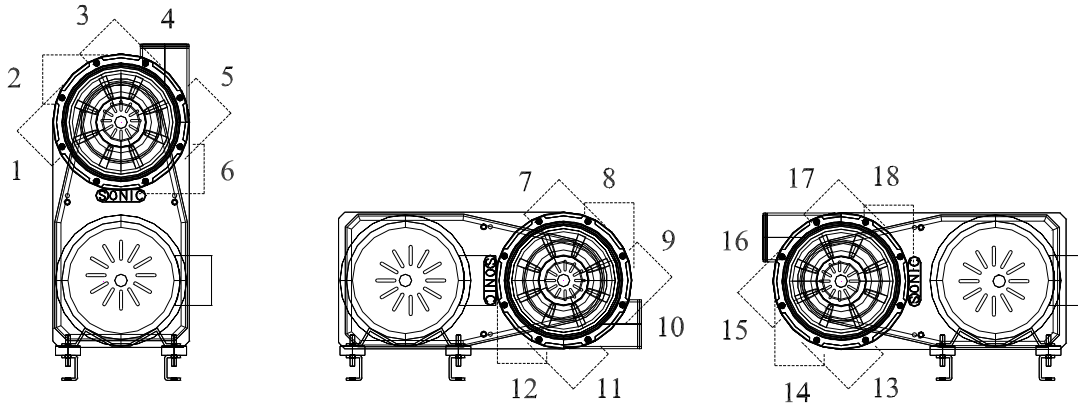
Altitude <input type="text"/>	<input type="checkbox"/>	feet	<input type="checkbox"/>	meters
Temperature <input type="text"/>	<input type="checkbox"/>	°F	<input type="checkbox"/>	°C

What are the blower operating conditions?

Will the blower be exposed to water spray?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Will the blower be exposed to caustic washdown?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Will the blower be exposed to dirt / debris?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Will the blower be located indoors or outdoors?	<input type="checkbox"/>	Indoor	<input type="checkbox"/>	Outdoor

Describe the blower configuration.

Motor Selection:	<input type="checkbox"/>	TEFC	<input type="checkbox"/>	ODP	<input type="checkbox"/>	Explosion Proof	Other	<input type="text"/>
	<input type="checkbox"/>	Washdown	<input type="checkbox"/>	Chemical Duty	<input type="checkbox"/>	Premium Efficiency		
Material Selection:	<input type="checkbox"/>	Aluminum	<input type="checkbox"/>	HA Alum.	<input type="checkbox"/>	SS	Other	<input type="text"/>
Inlet Diameter <input type="text"/>		Outlet Diameter <input type="text"/>	<input type="checkbox"/>	O.D.	<input type="checkbox"/>	I.D.		
Plumbing Connectors:	<input type="checkbox"/>	150# Flange	<input type="checkbox"/>	S-Line Ferrule	<input type="checkbox"/>	N.P.T.	Other	<input type="text"/>
Mounting Orientation (1-18) (See Figure)	<input type="text"/>							



What 3 phase electrical power is available?

Volts 50 Hz 60 Hz

What are the conditions at the Blower inlet?

Fluid Properties:	<input type="checkbox"/> Air	<input type="checkbox"/> Gas	Other	<input type="text"/>
Temperature Range	<input type="text"/>		Design Temperature	<input type="text"/>
Density or Specific Gravity	<input type="text"/>		Specify Percentages	<input type="text"/>
Moisture Content:	<input type="text"/> % Humidity	<input type="text"/> % H ₂ O by Volume	<input type="checkbox"/> ounce	<input type="checkbox"/> gallon/min
Inlet Pressure (PSIA)	<input type="text"/>		Outlet Pressure (PSIA)	<input type="text"/>
Particulates in stream:	<input type="checkbox"/> None	<input type="checkbox"/> Light	<input type="checkbox"/> Heavy	
Micron Size	<input type="text"/>		Percentage by Volume	<input type="text"/>

When do you plan to purchase this system?

Purchase Date

Additional Information.

Please add any additional information in the space provided that may impact the design and subsequent quote from Sonic Air Systems. Thank you for completing this questionnaire and selecting Sonic Air Systems for your blower needs.
