

# CEILING LAMINAR AIRFLOW QUESTIONNAIRE



DATE: \_\_\_\_\_

## I. ABOUT YOUR COMPANY

*\*Fields required to be filled out*

1. NAME\*

2. COMPANY\*

3. ADDRESS\*

4. EMAIL\*

5. WEBSITE

6. PHONE NUMBER AND EXTENSION\*

7. FAX

8. YOU WORK FOR\*

*(Please Tick)*

- End User/Facility Owner
- Cleanroom Builder/Contractor
- Lab Builder/Contractor
- Distributor

9. EXISTING ESCO EQUIPMENT

10. REPEATED ORDER

- Yes, SN:   No

## II. PROJECT INFORMATION

*\*Fields required to be filled out*

11. URS Available

- Yes (please attach document)  
 No

12. Industry\*

- Pharmaceutical/Biotech
- Chemicals
- Food
- Soap and Detergents
- Cosmetics
- Paint
- Others, please specify:

13. Name of Project

14. Project Location\*

15. Unit/s Required\*

16. Deadline of submission for tender*	<input type="text"/>
17. Timeline for Purchase	<input type="text"/>
18. Timeline for Installation*	<input type="text"/>
19. Application*	<input type="text"/>
20. No. of users	<input type="text"/>
21. Level of Need	<input type="checkbox"/> Have an approved budget (indicate: <input type="text"/> ) <input type="checkbox"/> Preparing to submit a budget for approval <input type="checkbox"/> Gathering information for future reference
22. Type of LAF unit*	<input type="checkbox"/> Ceiling Laminar Airflow (ceiling mounted) <input type="checkbox"/> Ceiling Laminar Airflow (ceiling suspended) <input type="checkbox"/> Standing Laminar Airflow (customized, w/ add-on stands) <ul style="list-style-type: none"> <li><input type="radio"/> Fixed to floor via base plate</li> <li><input type="radio"/> Movable type with caster wheels</li> </ul>

### III. CEILING LAMINAR AIRFLOW SPECIFICATION

\*Fields required to be filled out

23. External Dimensions*	External Width: <input type="text"/> External Depth: <input type="text"/> External Height: <input type="text"/>  <i>*Note, the standard material of construction for CLAF is easy-to-clean full stainless steel 304.</i> <i>** Please attach facility layout/room where the unit will be placed.</i>
24. Internal Dimensions*	Internal Width: <input type="text"/> Internal Depth: <input type="text"/> Internal Height: <input type="text"/>  <i>*Note, standard plenum height of unit is 500 mm.</i> <i>** Please attach facility layout/room where the unit will be placed.</i>

<p><b>25. Fan*</b></p>	<p><input type="checkbox"/> AC</p> <p><input type="checkbox"/> EC (Standard)</p> <p><input type="radio"/> Open loop (manual adjust of fan speed)</p> <p><input type="radio"/> Closed loop (auto-adjust of fan speed to fan filter burden)</p>
<p><b>26. Control Type*</b></p>	<p><input type="checkbox"/> Simple Switches</p> <p><input type="checkbox"/> Sentinel™ Microprocessor Controller (w/ audiovisual alarms)</p> <p><input type="radio"/> Onboard to unit</p> <p><input type="radio"/> Remote mounted (ensure room has enough space)</p>
<p><b>27. Differential Pressure Across Filter (H14) Monitoring*</b></p>	<p><input type="checkbox"/> Magnehelic gauge (analog display, no alarm)</p> <p><input type="checkbox"/> Sentinel™ controller (digital display, with alarm for high differential pressure across filter)</p>
<p><b>28. Power Supply</b></p>	<p><input type="checkbox"/> 220-240 VAC 50/60 Hz</p> <p><input type="checkbox"/> 110-130 VAC 50/60 Hz</p> <p><input type="checkbox"/> 100-110 VAC 50/60 Hz</p>
<p><b>29. Accessories*</b></p>	<p><input type="checkbox"/> PVC Curtains (Please specify if 2/3/4 sides: <input type="text"/>)</p> <p><input type="checkbox"/> Custom side wall for SLAF (Please specify if 2/3/4 sides: <input type="text"/>)</p> <p><input type="radio"/> Polycarbonate</p> <p><input type="radio"/> Tempered glass</p>
<p><b>30. Additional Document</b></p>	<p><input type="checkbox"/> FAT</p> <p><input type="checkbox"/> IQOQ</p>

**Important:** Save the completed PDF form (use menu File - Save).