

## STANDING/CEILING LAMINAR FLOW QUESTIONNAIRE



DATE:

*\*Fields required to be filled out*

### I. ABOUT YOUR COMPANY

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

13. Name of Project

14. Project Location\*

15. Unit/s Required\*

16. Deadline of submission for Tender*	
17. Timeline for Purchase	
18. Timeline for Installation*	
19. Application*	
20. Level of Need	<input type="checkbox"/> Have an approved budget (indicate: _____ ) <input type="checkbox"/> Preparing to submit a budget for approval <input type="checkbox"/> Gathering information for future reference
21. 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 (w/ add-on stands) Fixed to floor with levelling feet Movable type with caster wheels levelling feet (Standard)

### III. LAMINAR AIRFLOW SPECIFICATION

\*Fields required to be filled out

22. Nominal Dimensions*	Nominal Width: Nominal Depth: Internal Height**:  <i>*The standard plenum height of unit is 600 mm.</i> <i>**Please fill in the internal height, which refers from the ground up to the plenum..</i>
23. Room Height*	<i>*Please fill in the room height</i>
24. Filter Type	<input type="checkbox"/> Gel-sealed H14 HEPA filter (Standard) <input type="checkbox"/> Gel-sealed ULPA filter

<p><b>25. Fan*</b></p>	<p><input type="checkbox"/> EC (Standard)  Open loop (manual adjust of fan speed)  Closed loop (auto-adjust of fan speed to fan filter burden)</p>
<p><b>26. Control Type*</b></p>	<p><input type="checkbox"/> Sentinel™ Microprocessor Controller (w/ audiovisual alarms)  Onboard to unit (standard)  Remote mounted (ensure room has enough space)</p> <p><input type="checkbox"/> HMI/PLC controller</p> <p><input type="checkbox"/> Simple Switches</p>
<p><b>27. Differential Pressure Across Filter (H14) Monitoring*</b></p>	<p><input type="checkbox"/> Pressure 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:                    )</p> <p><input type="checkbox"/> Splashproof electrical outlets:</p> <p><input type="checkbox"/> Custom side wall for SLAF (Please specify if 2/3/4 sides:                    )  Polycarbonate  Tempered glass</p>
<p><b>30. Additional Document</b></p>	<p><input type="checkbox"/> FAT</p> <p><input type="checkbox"/> IQOQ</p>
<p><b>31. Facility Layout Available</b></p>	<p>Yes (please attach document)</p> <p>No</p> <p><i>* Note: Site Inspection must be carried out by local office to confirm the installation the unit.</i></p>

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