

Please complete and fax to Protherm: 314-892-0107 or call us at: 314-894-6720

OXIDIZER APPLICATION DATA SHEET

CONTACT INFORMATION

Name: _____ Title: _____
 Company: _____
 Address: _____
 City / St / Zip: _____
 Phone: _____ Email: _____

How did you learn of Anguil? _____

What is your request: (check any/all that apply)

	Budget	Formal
Proposal for New Oxidizer System (Equipment Only)	_____	_____
Proposal for New Oxidizer System (w/Turnkey Install)	_____	_____
Proposal for Used Oxidizer System (Equipment Only)	_____	_____
Proposal for Used Oxidizer System (w/Turnkey Install)	_____	_____
Proposal for Retrofit to existing Oxidizer System	_____	_____

Please Describe: _____

This information is needed by: _____

What is your experience with oxidizers:
 _____ Very Familiar _____ Somewhat Familiar _____ Not Familiar

PROCESS INFORMATION

What type of process is producing the emission? _____

How many total exhaust air "pickup points" will there be? _____

What is your total exhaust airflow rate? (Specify: SCFM, ACFM, NM3/hr, etc) _____

What is the temperature of your exhaust air? (Specify C or F) _____

What are the VOCs / HAPs to be controlled?

VOC/HAP	Usage or Concentration (lbs/hr, ppm, mg/m3, vol%, wt%)
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Concentrations listed above are: _____ Typical Averages _____ Max Conditions

Does your VOC/HAP loading come in spikes or batches?
 _____ No _____ Yes If yes, please describe: _____

Are any of the following present in your exhaust stream?

	No	Unsure	Yes	Concentration
Particulate:	_____	_____	_____	_____
Halogens	_____	_____	_____	_____
Silicone	_____	_____	_____	_____

Phosphorous Compounds: _____
 Heavy Metals _____
 Sulfur Compounds: _____

What is your typical production schedule (list in hours/day):

Monday: _____ Tuesday: _____ Wed.: _____ Thursday: _____ Friday: _____
 Saturday: _____ Sunday: _____

PROJECT INFORMATION

What is the VOC/HAP destruction level required?

_____ 95 _____ 98 _____ 99
 _____ Other requirement (i.e. Odor Control, Opacity Control, etc)
 Please Describe: _____

What is the VOC/HAP capture level required?

_____ 100% _____ Other % Level _____ Unsure at this time

What is the project stage?

_____ Immediate _____ 3-6 Months _____ 6-12 Months

Is there a final decision date already set?

_____ No _____ Yes Please Specify: _____

Is there a preferred control technology already selected?

_____ No, please consider/propose all appropriate technologies.
 _____ Yes, please consider/propose technologies indicated below:
 _____ Regenerative Thermal Oxidizer (RTO)
 _____ Regenerative Catalytic Oxidizer (RCO)
 _____ Catalytic Recuperative Oxidizer
 _____ Thermal Recuperative Oxidizer
 _____ Concentrator System
 _____ Other, please describe: _____

PLANT INFORMATION

What burner/heater fuel will be available?

_____ Nat. Gas _____ Propane _____ Fuel Oil _____ Electric
 _____ Other Please Specify: _____

What is the unit cost of this fuel?

_____ Unkown at this time, please use estimate for my area.

What electric power will be available?

_____ V _____ HZ _____ PH

What is the unit cost of electric power?

Will plant air (compressed air) be available?

_____ Yes _____ No

Can excess heat from an oxidizer system be used elsewhere in plant?

_____ Not considered at this time.
 _____ Yes Please describe: _____

Plant Standards/Plant Preferences:

_____ No Specifications at this time

This is a:

Item	Specification	Standard	Preference
Fans	_____	_____	_____
Motors	_____	_____	_____
VFDs	_____	_____	_____
Burners	_____	_____	_____
PLC	_____	_____	_____
Interface	_____	_____	_____