

### Take-Off Sheet (RFQ)

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

\*Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_

#### General Information

A. What kind of material is being collected? *\*Nordfab assumes fume* \_\_\_\_\_

B. What is the desired velocity in the trunk line? *\*Nordfab assumes 4500FPM* \_\_\_\_\_

C. What is the desired max CFM in the system? *\*Nordfab will base off inlet size* \_\_\_\_\_

D. What is your dust collector inlet size? \_\_\_\_\_ Connection Type? \_\_\_\_\_

E. What is the inlet direction in relation to the building? (Up, Down, Parallel, or Perpendicular)  
\_\_\_\_\_

F. What is the collector inlet height? \_\_\_\_\_

G. What is your ducting center line height above the floor? *\*Nordfab assumes 12' CL* \_\_\_\_\_

H. Are there any elevation changes in the trunk line? (If Yes, please specify amount and height)  
\_\_\_\_\_

I. Please indicate desired drop configuration. *\*Nordfab assumes 90° elbow, 2 pipe, 1 nipple, 1 blastgate, 1 hose adapter, 5' of hose, 2 hose clamp*  
\_\_\_\_\_

