

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*

