

Company name:	State, Zip:
Contact name:	Phone:
Position:	Fax:
Street:	Email:
City:	Date:
Dust collecting system name or #:	Power Company:
HP of the fan motor:	Electricity cost (cents/kWh):
Working hrs per day: Days per week: Weeks per year:	Main Duct size: Air Velocity:



Return Air: YES NO Air Conditioning: YES NO Heating: YES NO Transported material: Wood Paper Other:

Notes:

WS #	Workstation Name	4"	5"	6"	7"	8"	9"	10"	12"	14"	16"	18"	20"	larger	% 1st shift	% 2nd shift	% 3rd shift
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WS #	Workstation Name	4"	5"	6"	7"	8"	9"	10"	12"	14"	16"	18"	20"	larger	% 1st shift	% 2nd shift	% 3rd shift
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WS #	Workstation Name	4"	5"	6"	7"	8"	9"	10"	12"	14"	16"	18"	20"	larger	% 1st shift	% 2nd shift	% 3rd shift
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