

Submitted by _____

Company _____

Address _____

Phone _____ Fax _____ E-Mail _____

Facility worksheet applies to: _____

Contact _____ Phone _____

Type of Welding

MIG TIG GAS Spot Other _____

Type of Welding Machines

Conventional Automatic Robotic Total Number of Welding Machines _____

Welding Station

Booth	Length _____	Open Arm	Length _____	Table	Length _____
	Width _____		Width _____		Depth _____
	Height _____		Height _____		

Welding Operation

- Production
- Training
- Fabrication
- Repair
- Other

Describe _____ _____ _____ _____ _____

Material Type: Mild Steel Galvanized Stainless Steel Aluminum Other _____

Bar Angle Tube Sheet - Thickness _____ to _____ Plate - Max. Thickness _____

Building Data

Existing New Type _____

Overhead Crane? Yes No Electrical Requirements _____/_____/_____

Potential Obstructions _____

Exhaust System Yes No If yes, what type?

Hoods: Overhead Vertical Diameter _____ Length _____

Tubing Drops: Diameter _____ Length _____ Manufacturer _____

Arms: Diameter _____ Length _____ Manufacturer _____

Other: _____

Fan: Belt Drive HP _____ CFM _____

Direct Drive HP _____ CFM _____

Filtration System Yes No

If yes, what type? Electrostatic Manufacturer _____ Model _____

Media Manufacturer _____ Model _____

Other _____