Vehicle Exhaust System Design Worksheet
For system evaluation, complete both sides and return to Car-Mon representative

Submitted by ____________________________
Company ________________________________
Address ______________________________________
Phone ___________________________ E-Mail ___________________________
Facility worksheet applies to: _______________________________________
Contact ___________________________ Phone ___________________________

Private Passenger Vehicles
Type of vehicle: [ ] Cars [ ] Vans [ ] Pick-up Trucks [ ] High Performance [ ] Other
Make and Model of Vehicles ____________________________________________
Is dynamometer testing performed? [ ] Yes [ ] No If yes, is it: [ ] Engine dyno [ ] Chassis dyno
[ ] Single exhaust [ ] Dual exhaust [ ] Special exhaust configurations (include illustration in Section D on back)

Commercial and Industrial Vehicles
[ ] Truck [ ] Construction equipment [ ] Bus [ ] Military vehicle [ ] Other ____________________________
Make and Model of Vehicles ____________________________________________
Is dynamometer testing performed? [ ] Yes [ ] No If yes, is it: [ ] Engine dyno [ ] Chassis dyno
Are there natural gas vehicles? [ ] Yes [ ] No
Type of exhaust pipe (check all that apply): [ ] Single exhaust [ ] Dual exhaust [ ] Horizontal [ ] Raincap
[ ] Curved stack [ ] Straight stack [ ] Special exhaust configurations (include illustration in Section D on back)

Engine Data
[ ] Diesel [ ] Gas [ ] 2-cycle [ ] 4-cycle
Engine - cubic inch or liters displacement Testing details (RPM and Load)
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Are engines turbocharged? [ ] Yes [ ] No If yes, what is maximum boost pressure? _______ p.s.i.

Building Data
[ ] Existing [ ] New Type: ____________________________
Number of bays: _______ Overhead crane? [ ] Yes [ ] No Electrical requirements ___ / ___ / ___
Potential obstructions (include illustration in Section D on back):
________________________________________________________________________
Sketch suggested layout. Please indicate any special design considerations.