

QUESTIONNAIRE

Please provide as much information as possible on the questionnaire below and return to: info@aerox.nl. Based on this information Aerox B.V. will provide you a budget quotation for a suitable Aerox®-Injector odour control system.

Name Company:	Contact person:
Address:	Position:
Postal-code or ZIP-code:	Phone:
City + Country:	E-mail:
Date:	Project reference:

What do you manufacture?

<input type="checkbox"/> Fish feed	<input type="checkbox"/> Poultry feed	<input type="checkbox"/> Food
<input type="checkbox"/> Shrimp feed	<input type="checkbox"/> Pig food	<input type="checkbox"/> Others, describe: _____
<input type="checkbox"/> Pet food	<input type="checkbox"/> Tobacco	

How many lines?	What odour control system is currently used?
_____	_____
_____	_____
How many hours of production per year?	_____
_____	_____
_____	Height of the stack (above ground level):
Smelling Air flow to be treated per line (m³/h):	_____
_____	Distance to first resident (houses):
_____	_____
Temperature (°C):	_____
_____	_____
Relative humidity (%):	_____
_____	_____

1 What is the main odour source?

2 Can the smelling air ducts from more lines be joined and treated by just one Aerox unit?

3 Provide / attach a sketch or flow sheet or P&ID,

Indicating all equipment and also position of the fans.

4 What is reason you are interested in odour control?

- Legislation
- Complaints
- Planning new line
- New factory
- Environmental impact

5 Have any odour measurements/analysis been carried out? If so, what were the results?

Please attach.

AEROX BV

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