

Dust Collector Survey

Date: _____

Company Name: _____

Address: _____

City: _____ State: _____ Postal Code: _____

Phone: _____ Fax: _____

Contact: _____ Title: _____

Manufacturer: _____

Model: _____ Serial Number: _____

Check List

- Visual Check at Outlet _____
- Overall Condition of Housing _____
- Check Differential Pressure _____
- Check Cleaning Cycle

	STD	_____	POD	_____
1) Timer	On Time	_____	Off Time	_____
- 2) Solenoid Valves _____
- 3) Diaphragm Valves _____
- 4) Air Pressure _____
- Check Door Gasket _____
- Check Condition of Bags _____
- Check Clean Side of Tube Sheet if Possible _____
- Check Customer Records _____
 - 1) Print, Manual, Spare Parts List _____
 - 2) Date of Last Bag Change _____
- Check Fan For Corrosion, Blade Wear and Material Build Up _____
- Apply Inspection Sticker _____

cc: Customer
Ultra Rep
File

Form: 9900