

NOVEO-AIR : Site Information



Sales Representant _____

Date _____

Appointment _____

Time _____

Contact _____

Compagny _____

Address _____

Telephone _____ Fax _____

Email _____

Heating energy source

Natural Gas

Electrical

Oil

Propane

Other

Heating type

Boiler

Unit heater

Radiant

Qualify _____

Booth oven

Yes

No

Room temperature

Summer _____

Winter _____

Estimated spraying time : _____ %

OPERATING TIME

Day	From	To	Hours	TOTAL
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

PAINT BOOTH ANALYSIS

	Open / Closed	Pressurized	Ventilation type *	Dimensions H x L	Manufacturer	HP / Voltage	# Exhaust fans
Booth no 1							
Booth no 2							
Booth no 3							
Booth no 4							

* Ventilation type could be Crossdraft (C), Downdraft (D), Side-downdraft (SD) or Semi-downdraft (SD1)

AIR MAKE-UP ANALYSIS

	Manufacturer	Energy Source	CFM	Control type**	HP / Voltage
Air Make-Up no 1					
Air Make-Up no 2					
Air Make-Up no 3					

**Control type could be Single stage (S), Two stage (T) or Variable (V)

Invoices Electricity Gas

Electricity provider's name and account number : _____

Gas provider's name & account number _____

COMMENTS

PLEASE SKETCH PAINT BOOTH(S) LAYOUT ON THE BACK OF THIS PAGE