



Custom Products & Services, Inc.

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"Your source for workplace solutions"

DUST COLLECTION & AIR FILTRATION EQUIPMENT SELECTION GUIDE

To assist you in selecting the proper Dust Collection & Air Filtration Equipment for your specific application, please refer to the information provided below. Complete this form and return it to us via fax or e-mail. You will be contacted by our customer service or engineering staff to make a product recommendation.

GENERAL APPLICATION GUIDE

PRODUCT	APPLICATION			SPECIFICATIONS		
	Grinding Dry Powder Sanding Precious Metals	Micro- Abrasive Blasters	High Production For All types of Debris	Work Stations	Plumbing Size (per station)	Maximum Plumbing Run
VAN-I-VAC	X			1	1 @ 1-1/2"	6 FT.
VOYAGER *	X			1 - 2	1 @ 2-1/2" 2 @ 1-1/2"	8 FT.
VOYAGER HV	X	X		1 - 4	1 @ 4" 2 @ 2-1/2" - 4" 3 @ 2-1/2" - 3" 4 @ 2-1/2" - 3"	10 FT
ABRASIVE VAC	X	X		1	1 @ 1-1/2"	6 FT.
STONE VAC II SERIES	X	X	X	1 - 4	1 @ 1-1/2" - 3" 2 @ 1-1/2 - 2-1/2" 3-4 Stations - Call for Specs	10 FT
V-6	X	X	X	2 - 6	2 @ 4" 4 @ 2-1/2" 4 @ 3" 5-6 Stations-Call	6-30 FT
PURE-BREEZE	Filters Dust, Odors, Microscopic Particles, Microbs			Full Room	None required	N/A
PURE-BREEZE FUME HOOD	Removes fumes, smoke & odors generated by burnout furnaces, monomer & lab processes			Overhead or Table-Mounted	None required	N/A

* Fume Collection requires part #96013, Odor Filter



Van-I-Vac
without Accumulator



Voyager
with Accumulator



Voyager HV



Abrasive Vac
with Accumulator



Stone Vac II



V-6



Pure-Breeze
Full Room -
Free-Standing



Pure-Breeze
Fume Hood

QUESTIONNAIRE - DUST COLLECTION & AIR FILTRATION EQUIPMENT

To assist you with selecting the proper dust collection or Air Filtration system for your application, please complete the form below and return it to us via fax or e-mail. Our technicians and engineers will review this information and contact you at their earliest convenience.

DUST COLLECTION - AIR FILTRATION QUESTIONS

What type of dust, smoke or odor are you trying to collect? *(Check all that apply)*

Grinding Debris		Other	(Specify below)
Dry Powder			
Sanding			
Precious Metals			
Wax Smoke			
Solder Smoke			
Smoke (Other)			
Odor			
Allergens			

How many stations require dust, smoke or odor collection systems?

Quantity		Comments:	

Do you prefer 1 dust collector for each individual station?

Yes		
No		

Do you prefer 1 dust collector to handle multiple stations?

Yes		<i>(If yes, we will contact you to discuss your application)</i>
No		

Do you also have any odor problems associated with your process?

Yes		Explain the odor problem:	
No			

Do you also have any smoke problems associated with your process?

Yes		Explain the source and type of smoke:	
No			

How do you currently handle the dust, odor or smoke problems in your facility?

Explain:	

Do you need to pull the dust, odor or smoke from a large area or a small, concentrated area?

Large		Approximate size of area	
Small		Approximate size of area	

(Continued on next page)

QUESTIONNAIRE - DUST COLLECTION & AIR FILTRATION EQUIPMENT

Does the dust collection system need to run continuously (8 + hour shift), or for intermittent periods?

Continuous duty:		How many shifts per day		How many hours per shift	
Intermittent duty:		Maximum hours/day			

Is the operational noise level of a collection system an important factor in your decision process?

Yes		Comments:	
No		AF	

Is your application being performed at or on a workbench?

Yes		
No		

Do you have any space constraints on the bench or work area that may effect where or how a dust, smoke or odor collection system may be installed? Explain:

(We may request photos of your work area to help us determine the best model and installation options)

If your application is **NOT** being performed on or at a workbench, please describe your application and the issues you are attempting to address:

Are you working with precious metals or materials that you wish to recover for recycling or disposal, please detail the application and the material(s) involved:

COMPANY INFORMATION

Company Name:				
Street Address				
City	State		Zip	
Contact Name:			Title	
Phone:	Fax:			
E-Mail:				

Do you wish to have an engineer contact you?

Do you wish to receive a formal, written quote?

Yes			Yes		
No			No		

Best time of day to contact you:

Is your requirement immediate?

Time:			Yes		
			No		

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