

PRE-INSTALLATION QUESTIONNAIRE

To assist us with the upcoming installation of your "Air Vac-911" Engine Exhaust Removal System, we are asking for a completed questionnaire. Please fax to 603-743-3111. (PLEASE PRINT CLEARLY)

Name Of Facility:		Date:
Project Address:		Town:
Mailing Address:		County:
City:	State:	Zip Code:
Contact Name & Position:		Fax #:
Contact Phone # 1:	Contact Phone # 2:	E-Mail:
Please Include Tax Exempt Organization Certificate Copy:		
Estimate Year Built:	Structure Type: Masonry Wooden	Floor To Ceiling Height: ft.
Ceiling Type: Concrete Drywall Plaster Steel Bar Joist Steel I Beam Wooden Trusses		
Wall Type: Drywall Masonry Blo	ock Plaster Poured Concrete	Steel Studs Wooden Studs
Panel Box Make & Model: Bryant Cutler Hammer Federal-Pacific GE Crouse-Hindes		
ITE Siemens Murra	ray Square D QO Square D Homeline Westinghouse	
Voltage & Amperage of Panel Box?	Is the center metal rib of panel box between breakers wider than _"?	
Number of Open Breakers?	Is the panel box in apparatus/truck bay? YES NO=About how far away?	
Equip. Rental Co.: Name & Number	Electrical Supply: Name & Number	Hotels: Name & Number
1.	1.	1.
2.	2.	2.
3.	3.	3.
Other:		•

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