

# WHAT IS NEEDED

## AIR TREATMENT CALCULATION

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DATE: \_\_\_\_\_

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PROJECT NAME: \_\_\_\_\_

COMPANY: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

NOTE: All the following data is expressed in  INCHES  FEET

WILL QUATTRO OR BIOWALL BE INSTALLED IN?

RETURN DUCT (Preferred location. In addition, after O/A and make up Air combine)

SUPPLY DUCT (If installation is in Supply side of the plenum, the maximum dimension will be the free space up to the first branch of ducting.)

WHAT ARE THE DIMENSIONS OF DUCT WHERE QUATTRO OR BIOWALL WILL BE INSTALLED?

HEIGHT: \_\_\_\_\_ WIDTH: \_\_\_\_\_ LENGTH: \_\_\_\_\_

DIAMETER: (if duct is round) \_\_\_\_\_

IS DUCT:  DUCTBOARD

SHEET METAL

INTERNALLY INSULATED

EXTERNALLY INSULATED

NO INSULATION

CFM OF AHU (NOT MAX CFM, BUT OPERATING CFM): \_\_\_\_\_

VOLTAGE REQUESTED?  120 60Hz  230 60Hz  277 60Hz

SPECIFIC CONTAMINANTS FOR DESTRUCTION (IF KNOWN): \_\_\_\_\_

\_\_\_\_\_

DESIRED LEVEL OF DESTRUCTION (IF KNOWN): \_\_\_\_\_

Example: 80%, 90% (1Log), 99% (2Log), 99.9 (3Log), 99.99 (4Log)

ANY ODOR OR VOC REDUCTION REQUIRED? \_\_\_\_\_

\_\_\_\_\_

**IF AVAILABLE, PLEASE ATTACH ANY AIR QUALITY LAB TESTS.**