

Inquiry form for dust filter

Contact

Date:

Customer ID:
 Company:
 Street:
 ZIP / City:
 Contact person:
 Phone number:
 E-Mail:
 Project number:

Construction information

Filter system:

Serial number:
 Flow rate (m³/h):
 Qty of cartridges:
 Filter area (m²):

Year of manufacture:
 Power of ventilator:
 Description of cart.:
 Operating temp.:

Filter media

Paper
 Polyester

PTFE Coating
 PTFE Membrane

Antistatic
 Conductive

Unknown

Flange



STA



LSM



LSB



RDM



LSS



TRM



TSE



SET

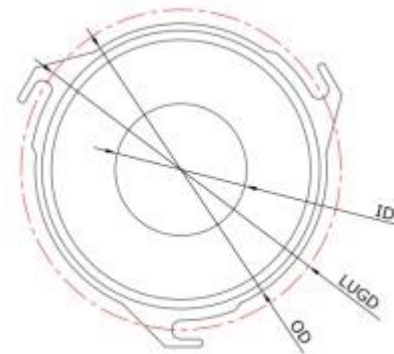
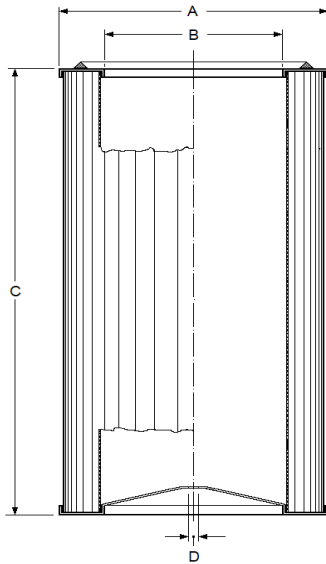


WAM



FPL

Characteristics



Filter cartridge open on both sides

Filter cartridge closed

A
B
C
D
ID
OD
LUGD
Qty of pleat:

Pleat depth:
Supporting cage outside:
Brace outside:
Qty brace:
Grounding cable:
Mat. End cap:
Mat. Supporting cage:
Mat. Seal:

Other