

Application Form

Customer data

Company _____

Contact Person _____

Street _____

ZIP / City _____

E-Mail _____

Phone _____

Soldering application

Hand Soldering Wave Soldering Reflow Vapor Selective

Robotic Laser soldering Rework Other _____

Unleaded Leaded

wire Ø 0,3 mm 0,5 mm 0,8 mm >0,8 mm

Gas application

Cleaning Glueing Casting Other _____

Nature of Pollutants _____

Information about Application _____

method of applying by Hand by machine

MSDS (Material Safety Data Sheet) yes no

Quantity processed _____ g / m³ _____ kg / week

Reliable concentration _____ mg / m³

Existing concentration in the raw gas _____ mg / m³

- | | | |
|-------------------------------------|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> flammable | <input type="checkbox"/> explosive | <input type="checkbox"/> corrosively |
| <input type="checkbox"/> neurotoxic | <input type="checkbox"/> teratogenic | <input type="checkbox"/> carcinogenic |

Dust application

Information of Application _____

Amount of dust low medium high

Size / characteristics rough fine sticky abrasive

Permissible residual dust content in the exhaust air _____ mg / m³ at 20 °C

Particle size _____ µm

particle shape round square flaky needle-shaped

plate-shaped sharp-edged fibrous

Dust properties strong medium non-existent

free flowing

adhesive

static-charging

hygroscopic

flammable

explosive

poisonous

pollutant

Dust sample yes no

MSDS yes no

Welding application

- | | |
|--|---|
| <input type="checkbox"/> Metal - active gas welding with carbon dioxide (MAGC) | <input type="checkbox"/> Oxyacetylene Welding |
| <input type="checkbox"/> Metal - active gas welding with mixed gas (MAGM) | <input type="checkbox"/> Gas Welding |
| <input type="checkbox"/> Metal - Inert gas welding (MIG) | <input type="checkbox"/> Arc Welding |
| <input type="checkbox"/> Tungsten - Inert gas Welding (TIG) | <input type="checkbox"/> Laser Welding |
| <input type="checkbox"/> Laser cladding | <input type="checkbox"/> Other Process |

Material

- | | | |
|--|--|--|
| <input type="checkbox"/> Black plate | <input type="checkbox"/> Cobalt | <input type="checkbox"/> Chrome – Nickel |
| <input type="checkbox"/> Galvanized sheet metal (no AK filter necessary, smoke content may be slightly higher) | | |
| <input type="checkbox"/> Aluminium (possibly cartridge filter with precoating agent, because of sticky smoke) | | |
| <input type="checkbox"/> high-alloy steel | <input type="checkbox"/> other alloy/s | |

Welding location situation Manual Automatic

Number of welding stations _____

Arrangement Row Island

Detection elements

Ø Extraction arm _____ mm Extraction arm length _____ mm

- | | | |
|--|--|--|
| <input type="checkbox"/> Table installation | <input type="checkbox"/> Wall installation | <input type="checkbox"/> Ceiling installation |
| <input type="checkbox"/> Detection hoods | <input type="checkbox"/> Booth | <input type="checkbox"/> Under sink Extraction |
| <input type="checkbox"/> Slotted suction channel | <input type="checkbox"/> ESD | <input type="checkbox"/> ATEX |
| <input type="checkbox"/> Simultaneousness _____ % | | |
| <input type="checkbox"/> Lighting | <input type="checkbox"/> Differential pressure control | <input type="checkbox"/> SPS control |
| <input type="checkbox"/> On / Off switch on the suction hood | | |



Unit data

- Mobile filter units
 - Central filter system
 - fan in box
 - Exhaust outside without filter
 - Exhaust outside with filter
 - Winter / Summer
- Operating hours _____ h / day _____ days / week
- Flow rate _____ m³ / h Differential pressure _____ Pa

Voltage _____ V

Electric



- Ex-Version no yes Zone 2/22 Unit is located in Ex-zone
- Medium in Ex only
- Zone 1/21
- Zone 0/20

Controllable

- Caster no yes no yes (Duration: _____)

- Voltage 230 400 V 680 V _____

Monitoring

- Signal light (what should be displayed) _____ Volume flow
- Pressure difference
- Filter monitoring acoustic warning
- Flow meter (always for Ex)

Switch cabinet assembly

- annex separately: _____

Circuit diagram as E-plan

- no yes

Commissioning on site by master electrician (commissioned by Klepp)

- no yes

Lighting

- no yes _____

Electrics other:

PLC control

- no yes _____

Automatic start-stop system

- no yes _____

On/off switch on the suction hood

- no yes

Intersection point/ transfer point

Interval cleaning (dust)

Site/country



Installation

Installation through Klepp

Installation with another company

Condition of the walls / ceiling / floors _____

Hall plan available

yes

no

Pictures available

yes

no

Fire proof wall

yes

no

Definition of interface _____

Budgetvorgabe _____

Attention

Pay attention to crane tracks, trolleys, wall projections, beams, columns, windows, doors, mounting heights of the detection elements, filter systems, pipelines, hall height, existing pipelines, ducts, cable ducts, radiators, switch cabinets!

With my signature I confirm the completeness and correctness of the above information.

City / Date

Signature