

Extraction Arm Questionnaire

We can more appropriately assist you in your project if you please answer the following questions.

Customer Information

Name and contact information of person completing form:

First Name*	Last Name*
Company Name*	Address
City	State
Zip Code	
Phone*	Email Address*

Extraction Arm Information

Where will your Extraction Arm(s) be mounted? Wall, Bench or Ceiling?

If ceiling mount. What is the deck Unistrut/mounting height Above the Finished Floor (AFF)?

If ceiling mount. Is there a false ceiling? What is that height (AFF)?

What is the height of your work-surface (AFF)?

Do you have a required CFM? If so, what is it?

Do you need a fan to exhaust the fumes? We can supply a fan and accessories, but not the ducting?

What type of fumes do you need extracted?

How many extraction arms do you require?

Are you interested in installation services from Teclab?

Please provide more information here if necessary.