

cYc Century Yamakyu Corporation

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Hearing Sheet of Odor Deodorizing System

Place & Date:

Factory details:

Operating Hours per Day:

Operating Days per Week/Month:

Current Method or Equipment of Deodorization:

- | | |
|--|---|
| <input type="checkbox"/> Filter | <input type="checkbox"/> Optical Catalysis |
| <input type="checkbox"/> Ceramic Catalysis | <input type="checkbox"/> Chemical Treatment |
| <input type="checkbox"/> By Active Carbon | <input type="checkbox"/> By Burning |
| <input type="checkbox"/> By Ozone | <input type="checkbox"/> Another Method |
| <input type="checkbox"/> Not deodorizing | <input type="checkbox"/> Deodorization is being planned |

Do you do any Effluent/Wastewater/Sewage Treatment? Yes No

If yes, where do you discharge Treated Water into? Sewerage River

Its Method?

Where do you get Odor from and its kind?

- Chemical Odor from Manufacturing Factory
- Odor or Oil-Mist from Processing Machines
- Odor or Oil Smoke from Food Processing Plant
- Odor from Exhaust Gas of Restaurant's Kitchen
- Others

Volume of Exhaust Gas: _____ m³/Minute

Temperature & Humidity of Exhaust Gas: _____ °C _____ % (Humidity)

Kind & Density of Exhaust Gas: _____ ppm (Density)

Density of Odor _____ : _____ ppm

Does Exhaust Gas include Dusts? Yes No

Location of Factory: Damage Area from Salt Serious Damage Area from Salt

Not Salt Damage Area

Installation Plan of Odor Deodorizing System: Yes: In Month/Year

No

Under Consideration

If so, what is your budget for the Deodorizing System? US\$.....

ISO14000 Series: Obtained already Planning: In ... years No Plan

Electric Power: 50Hz 60Hz

Noise Regulation?

Do you have a protection against Pressure Explosion? Yes No

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If Yes, please send us an Illustration of Factory Layout with Size/Measurements.

Desired Condition at Exit Duct: ppm (Material Density) ppm (Odor Density)

Your requirements:

- Do you need any investigation by an expert from Japan? Yes: When?
 No

- Do you want to see a Demo?

Query or Requirements: