



"Air, Water & Surface Purification Experts Since 1951"

Mobile System Questionnaire

Name:	Phone:
Company:	Fax:
Project Name:	E-Mail:

1. What is the Application?

Air Treatment:

Surface Treatment:

2. Number of Rooms and Dimensions?

3. Temperature of Area to be Treated?

4. This System Must Operate in Non Occupied Areas. Is This Possible?

5. Voltage Required?

120 V. 60 Hz.

220 V. 60 Hz.

Other

7. Do the Lamps Need to be Monitored for Intensity (strongly recommended)?

Yes

No

8. Is There an Existing Air Handler Moving Air Into the Target Area?

9. Type of Facility (medical, packaging, nursing home)?

10. Particular Pathogen(s) that Need to be Controlled?

Please include sketch of duct area and any components which may be of importance (i.e. blower and filter manufacturer, etc.).

Fax or E-Mail to:

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