

Surface Disinfection Enquiry Form

Please complete the relevant section depending on your requirements:

- 1. For UV disinfection systems to be installed or retrofitted onto conveyors
- 2. For general room UV surface disinfection enquiries

Your Name	Company Name
Email Address	Company Country
Contact Number	Country of Installation

For all enquiries please answer the following questions

Describe the items that you are looking to treat with UV, including individual dimensions. If it is for a entire space/room - please describe the function of the space/room

Please confirm if there is any known bacteria, mould, viruses or spores

Is there minimum IP rating or ATEX certification requirement for the UV equipment?

1. UV Disinfection systems for conveyors

Is this installation a retrofit onto an existing conveyor or for a brand new conveyor?

Please provide details (dimensions, make/model) of the existing or proposed conveyor system

Are the items on the conveyor wet, dry or damp?	Please provide any additional notes about your application / requirements
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What is the width of the conveyor?

What is the speed of the conveyor?

2. Room surface disinfection (towers/wall/ceiling mounted)

Do you prefer a wall, ceiling or tower solution?	What are the room dimensions?
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Can you provide photos and/or a floorplan?	Photos	Floorplan
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Do you have any other procedures for cleaning the surfaces?

Will you still be maintaining those procedures?

Please provide any additional notes about your application / requirements