



## SEFA-9-A Application Questionnaire

### SEFA-9-A

Filtco requires that you complete the following questionnaire when buying a ductless fume hood. If you have questions or need assistance please contact your laboratory safety officer or contact Filtco customer service Toll-Free USA 800-306-0656, 239-489-0024.

Complete and return to Filtco via Toll-Free FAX USA 800-306-0677, or 239-489-0922.

### Chemical Compatibility Questionnaire

\*Required Field

#### About You (Person Submitting Quotation Request)

First Name\* \_\_\_\_\_

Last Name\* \_\_\_\_\_

Title\* \_\_\_\_\_

Facility/Institution\* \_\_\_\_\_

Building/Room Number \_\_\_\_\_

Street Address\* \_\_\_\_\_

Street Address 2 \_\_\_\_\_

City\* \_\_\_\_\_

State\* \_\_\_\_\_

Zip\* \_\_\_\_\_

#### If an Existing Application

Model and serial number  
of fume hood \_\_\_\_\_

Filter part number  
being used \_\_\_\_\_

Contact Information and Contact Preference

Phone Number\* \_\_\_\_\_

Fax Number \_\_\_\_\_

Email Address\* \_\_\_\_\_

Your Web Site \_\_\_\_\_

How Would You Like To Be Contacted?\*  Phone  Email

If by phone, when is the best time to call? \_\_\_\_\_

Intended Chemical Applications (Per SEFA-9-A Format)

Material ID Number	Amount	Concentration	Temperature	Container	Frequency	Comment
Isopropyl alcohol, CAS 67 63 0	100ml	98%	Room temperature	250 ml beaker	2 hours daily	

Certification by Person Submitting Form

I certify that in my capacity as (your position in the company/facility/institution) in (company/facility/institution) I believe to the best of my knowledge that all data and information submitted in this Chemical Applications Questionnaire, form Filtco SEFA-9-A is truthful and accurate and that no material fact has been omitted.

Name \_\_\_\_\_

Email Address \_\_\_\_\_

Date \_\_\_\_\_

