Incineration Questionnaire Form

Top of Form

|  |  |
| --- | --- |
| Date: |  |
| Name: |  |
| Company Name: |  |
| Address: |  |
| City: |  |
| Telephone: |  |
| Fax: |  |
| Mobile: |  |
| Email: |  |
| Plant to be located at: |  |
| Power Supply available: | … 240V-50Hz Single Phase  … 415-50Hz Three Phase |
| Preferred hours of burning per day: | … 6 … 8 … 12 … 24 |
| Fuel: | … LPG … Natural Gas … Diesel Other: |
| Use for heat recovery from Incineration process: | … Hot Water … Steam  Other: |
| Off gas emissions regulations applicable: | … Local  Other: |
| Preferred loading method: | … Loading Chute … Manual |
| BIOMEDICAL |  |
| Type of waste: |  |
| Amount of biomedical waste: | … Kg per day |
| Amount of Cyto-toxic waste: | … Kg per day |
| Method of collection of waste: | Mobile bins: … 240L … 660L  … Garbags … Plastics Bags |
| INDUSTRIAL |  |
| Type of Waste: |  |
| Amount of Waste: | … tonnes per day |
| Method of Collection of Waste: | … Mobile bins … Compactor … Loose load  Other: |

Bottom of Form

Please send filled questionnaire form to: [info@cr-enviro.com](mailto:info@cr-enviro.com) and cc to [engineering@cr-enviro.com](mailto:engineering@cr-enviro.com)