SmogHog® Mist Collection Application Data Sheet



Customer:	Date:
Location:	
Distributor:	
Contact:	
Email:	Phone:
1) What type of application? (CNC Machining, Cold Heading/Thread Rolling) V	Vhat are you manufacturing/processing?
2) What type of metals are being worked? (Steel, stainless, aluminum, magne	sium, titanium)
3) What type of lubricant/coolant do you use and is it consistent throughout the	e facility? MSDS?
4) Is it a water-based or oil-based coolant?	
5) If water soluble, what percentage of water to coolant mixture?	
6) What is driving your need? (Dirty space, Smoky cloud/haze in the space, Er	nployee complaints, Landlords)
7) What is the flash point of your coolant (on MSDS)?	

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17) If Source Capture, would this be a singular (minimal ducting), pseudo-centralized (some ducting) or centralized (maximum ducting) system?	
16) What temperature would the collector see at the inlet?	
15) Is it machine tool mist or smoke, both?	
14) How often is the shop running? 8 hours a day, 24 hours a day? How many days per week?	
13) How many machine tools do you have in the shop that are creating mist?	
12) Are you looking to capture mist ambiently or via source capture (ambient is about 70% and source is over 90% efficient)?	
11) Will hoods be required?	
10) If not, what are the internal dimensions of the cavity within the tool?	
9) Do your machine tools have on-board air pollution control ports?	
8) What type of machine tools are you using?	



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18) Would you locate the Mist Collector(s) inside or outside the building?
19) If units located inside; ceiling or floor mounted units preferred/required?
20) Who will ultimately be the decision maker on this project?
Additional Notes:

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