

## PARAMOUNT

CHEMICAL ASSESMENT  
FORM

Let us help you determine if the Paramount is the right equipment for your application. Complete this questionnaire and fax or email to Labquip at 03-5614 4969  
[chadrie@labquipasia.com](mailto:chadrie@labquipasia.com)

	Chemical	Concentration	Evaporation	Container	Chemical	Chemical	Chemical	Temperature
		%	(mls/min/hrs)	Type	Volume in	Exposure	Exposure	
					Container	Time	frequency	
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

LABQUIP MALAYSIA

**Name**

**Company/University**

**Department**

**Email**

**Tel**

**All assessment will be made by  
Labconco Ventilation Specialist**

Describe processes to be carried out:

List any equipment to be used in the en

What are the dimensions that you have available for t  
Are there any specific size requirement?