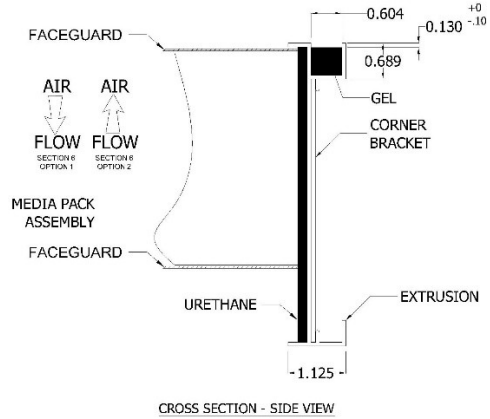
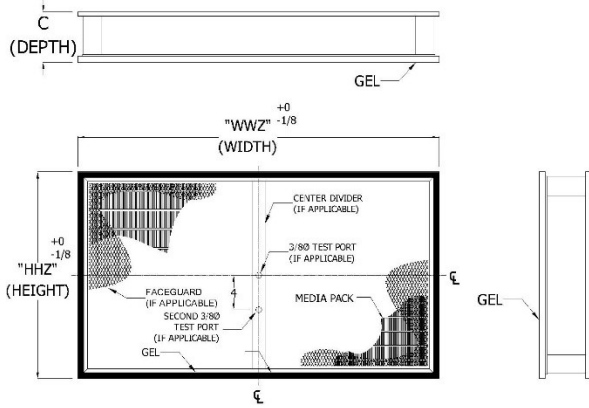




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ASTROCEL® II AND MEGACEL® II ME GEL SEAL APPLICATIONS SUBMITTAL SHEET HOT MELT SEPARATOR

AAF CONTROL NO.:		P.O.:	
DATE:	March 20, 2024	BY:	
CUSTOMER:		LOCATION:	
CONTACT NAME:		REFERENCE:	



SIZE:
 THE SIZES DESIGNATORS IS FORMATTED AS FOLLOWS: "EHHZWWZ"
 "E" = All style codes start with "E"
 "HH" = Filter height in whole inches (e.g. "12" for 12 inches, "08" for 8 inches)
 "WW" = Filter width in whole inches (e.g. "24" for 24 inches, "09" for 9 inches)
 "Z" = Fractions of inches as follows:
 A = 0 B = 1/8" C = 1/4" D = 3/8" E = 1/2" F = 5/8" G = 3/4" H = 7/8" J = 1/16" K = 3/16" L = 5/16" M = 7/16"
 N = 9/16" P = 11/16" Q = 13/16" R = 15/16"

EXAMPLES:
 E24A24A = 24" height x 24" width
 E23D23D = 23-3/8" height x 23-3/8" width
 E08P33H = 8-11/16" height x 33-7/8" width

(1) MEDIA:

<input type="checkbox"/> 99.97% / 99.99% (HEPA)	(A)
<input type="checkbox"/> 95% BioGel	(D)
<input type="checkbox"/> 99.990% / 99.9995% (ULPA)	(E)
<input type="checkbox"/> 99.99995% (MEMBRANE ULPA)	(F)
<input type="checkbox"/> SPECIAL - _____ (NSP required, enter in Salesforce)	(Z)

(2) CELL SIDE MATERIAL: ANODIZED ALUMINUM, ROOM SIDE REPLACABLE

<input type="checkbox"/> 5-7/8"	(43)
<input type="checkbox"/> NON-STANDARD SUBSTITUTE CELL SIDES _____	(99)
(NSP required, enter in Salesforce)	

(3) FILTER PACK DEPTH:
IF 5-7/8" (43) IS SELECTED IN SECTION 2:

<input type="checkbox"/> 2" NOMINAL	(K)
<input type="checkbox"/> 2-1/2" NOMINAL	(L)
<input type="checkbox"/> 3" NOMINAL	(M)
<input type="checkbox"/> 3-1/4" NOMINAL	(N)
<input type="checkbox"/> 3-1/2" NOMINAL	(P)
<input type="checkbox"/> 3-3/4" NOMINAL	(Q)
<input type="checkbox"/> 4" NOMINAL (MOST COMMON)	(R)
<input type="checkbox"/> 35mm (This must be selected if "F" is selection in Section 1.)	(H)
<input type="checkbox"/> SPECIAL - _____ (NSP required, enter in Salesforce)	(X)

IF "NON-STANDARD SUBSTITUTE CELL SIDES" IS SELECTED IN SECTION 2, PLEASE INDICATE PACK DEPTH BELOW:
 _____ (NSP required, enter in Salesforce)

(4) BOND:

<input type="checkbox"/> POLYURETHANE, TWO PART, PATCHING PER IEST RP-CC-001 WITH SILICONE CAULK	(2)
<input type="checkbox"/> POLYURETHANE, TWO PART, PATCHING PER IEST RP-CC-001 WITH NON-SILICONE CAULK	(4)
<input type="checkbox"/> POLYURETHANE, TWO PART, NO PATCHING	(6)
<input type="checkbox"/> POLYURETHANE, TWO PART, NO SILICONE, NO PATCHING	(8)
<input type="checkbox"/> SPECIAL - _____ (NSP required, enter in Salesforce)	(9)

(5) GEL MATERIAL:

<input type="checkbox"/> SILICONE GEL	(F)
<input type="checkbox"/> URETHANE GEL	(B)
<input type="checkbox"/> SPECIAL - _____ (NSP required, enter in Salesforce)	(Z)

(6) GEL LOCATION:

<input type="checkbox"/> AIR ENTERING SIDE (as shown in Cross Section - Side View)	(1)
<input type="checkbox"/> AIR LEAVING SIDE (as shown in Cross Section - Side View)	(2)
<input type="checkbox"/> SPECIAL LOC. - _____ (NSP required, enter in Salesforce)	(4)

(7) ACCEPTANCE LEVEL:
IF "A" MEDIA IS SELECTED IN SECTION 1:

<input type="checkbox"/> 99.99% PAO ON 0.3um (100 FPM)	(C)
<input type="checkbox"/> 99.99% PSL ON 0.3um	(G)
<input type="checkbox"/> 99.99% SCAN ON 0.3um	(H)
<input type="checkbox"/> 99.99% PAO SCAN ON 0.3um	(S)
<input type="checkbox"/> SPECIAL - _____ (NSP required, enter in Salesforce)	(E)

IF "D" MEDIA IS SELECTED IN SECTION 1:

<input type="checkbox"/> 95% DOP	(F)
<input type="checkbox"/> SPECIAL - _____ (NSP required, enter in Salesforce)	(E)

IF "E" MEDIA IS SELECTED IN SECTION 1:

<input type="checkbox"/> 99.999% PSL ON 0.3um	(J)
<input type="checkbox"/> 99.999% SCAN ON 0.3um	(K)
<input type="checkbox"/> 99.9995% PSL LASER SCAN ON MPPS	(M)
<input type="checkbox"/> 99.9995% PSL AUTOSCAN ON MPPS	(P)
<input type="checkbox"/> SPECIAL - _____ (NSP required, enter in Salesforce)	(E)

IF "F" MEDIA IS SELECTED IN SECTION 1:

<input type="checkbox"/> 99.9995% PSL ON MPPS, AUTOSCAN	(P)
<input type="checkbox"/> 99.99995% PSL ON MPPS, AUTOSCAN	(T)
<input type="checkbox"/> SPECIAL - _____ (NSP required, enter in Salesforce)	(E)

IF "Z" MEDIA IS SELECTED IN SECTION 1, PLEASE ENTER SPECIAL TEST CRITERIA REQUIRED:
 _____ (NSP required, enter in Salesforce)

(8) FACEGUARD LOCATION / UL LABEL:

<input type="checkbox"/> NO FACEGUARD AND UL 900 LABEL	(0)
<input type="checkbox"/> FACEGUARD UPSTREAM AND UL 900 LABEL	(1)
<input type="checkbox"/> FACEGUARD DOWNSTREAM AND UL 900 LABEL	(2)
<input type="checkbox"/> FACEGUARD BOTH SIDES AND UL 900 LABEL	(3)
<input type="checkbox"/> SPECIAL FACEGUARD - _____ (NSP required, enter in Salesforce)	(4)

(9) FACEGUARD MATERIAL:

<input type="checkbox"/> NO FACEGUARD	(A)
<input type="checkbox"/> EXPANDED STEEL, FLATTENED, EPOXY POWERCOATED WHITE	(B)
<input type="checkbox"/> EXPANDED 304 STAINLESS STEEL	(C)
<input type="checkbox"/> PERFORATED 304 STAINLESS STEEL	(D)
<input type="checkbox"/> PERFORATED ANODIZED ALUMINUM	(E)
<input type="checkbox"/> EXPANDED 316 STAINLESS STEEL	(F)
<input type="checkbox"/> PERFORATED 316 STAINLESS STEEL	(G)
<input type="checkbox"/> EXPANDED ANODIZED ALUMINUM	(H)
<input type="checkbox"/> SPECIAL - _____ (NSP required, enter in Salesforce)	(Z)

(10) CENTER DIVIDER / TEST PORT(S):

<input type="checkbox"/> NO CENTER DIVIDER OR TEST PORTS	(A)
<input type="checkbox"/> CENTER DIVIDER	(B)
<input type="checkbox"/> CENTER DIVIDER AND ONE TEST PORT	(C)
<input type="checkbox"/> CENTER DIVIDER AND TWO TEST PORTS	(D)
<input type="checkbox"/> SPECIAL - _____ (NSP required, enter in Salesforce)	(Z)

QTY	PART NUMBER	STYLE CODE	HEIGHT	WIDTH	DEPTH	NOTES

Customer Signature: _____ Approval Date: _____

