

GENERATOR EXHAUST QUESTIONNAIRE

Organization: _____

Name: _____

Address: _____

City: _____ State: _____

Tel: _____

Fax: _____

Email Address: _____

Country: _____

Engine Details

Make: _____

Model: _____

of Cylinders: _____

HP: _____

Rpm: _____

Combustion Air: _____

Cooling Water: _____

Vessel Details

Top Speed: _____

Cruise Speed: _____

Type of Vessel: _____

Make: _____

Model: _____

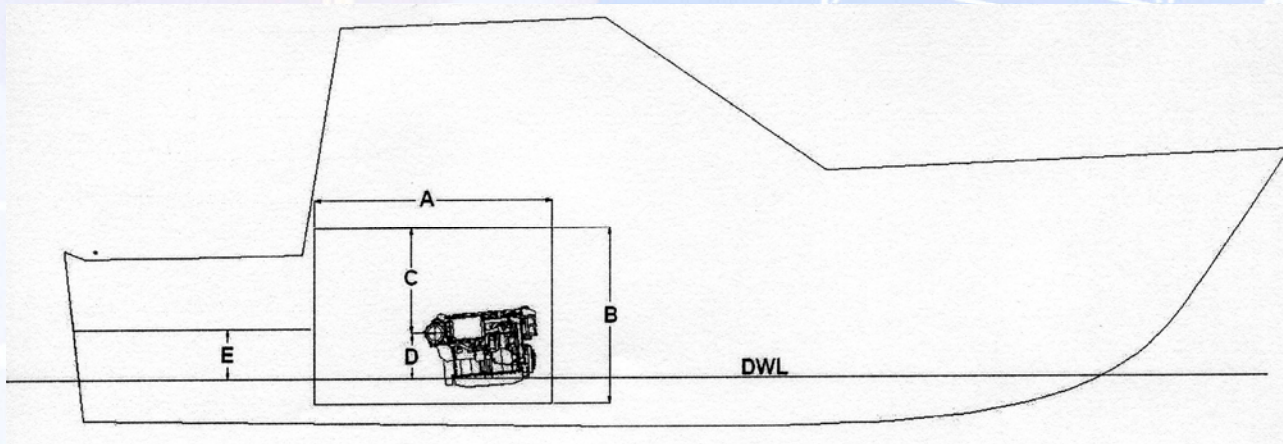
RPM

Additional Information Check List

Vertical or Horizontal Silencer? _____

Underwater or Transom Outlet? _____

Sootsinker? _____



Fill out the dimension below using the drawing above.

Inches mm

A. Machinery Room Length

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B. Machinery Room Height

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C. Distance Turbo Outlet to Overhead

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D. Distance turbo Outlet to DWL

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E. Distance DWL to Bottom of Cockpit

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Email or fax completed form to:

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