



Chemical Assessment Form

Date: _____

Name: _____

Company: _____

Please fill out this form to help your application specialist determine the best suited solution for your application. Once complete, please email to Sales@usalab.com or to your application specialist directly. Thanks!

Name of Chemical or Particulate	Concentration Percentage	Evaporation (mL/min or mL/hr)	Container Type	Chemical Volume in Container	Chemical Exposure Time	Chemical Exposure Frequency	Room Temp and Process Temp (°F)

Describe the processes to be carried out in the enclosure:

What equipment will be used in the enclosure?

What interior dimensions does your application require?

Other Comments:
