



## 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](mailto: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:

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What equipment will be used in the enclosure?

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What interior dimensions does your application require?

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Other Comments:

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