

Restaurant Charbroiler Technology Partnership (RCTP) Pre-screen Application

INSTRUCTIONS

1. **Complete all fields;** if information is not known, provide an explanation
 2. Provide supporting documentation for all system performance claims made
 3. Attach the following items for the entire system and for each component identified in Section 2 (System Information):
 - a. Manufacturer warranty
 - b. Proof of UL certification (or any other certifications)
 - c. References and contacts for facilities where system is currently installed
 - d. Equipment/process schematics and/or drawings
 - e. Operation and maintenance manual or instructions
 4. Print and sign with **blue ink only**
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SECTION 1 – APPLICANT INFORMATION

ORGANIZATION INFORMATION		
1. Organization, company, or proprietor's name:		
2. Address:		
3. City:	4. State:	5. Zip code:
6. Mailing address, if different from above (otherwise, write "same"):		
7. City:	8. State:	9. Zip code:

PRIMARY CONTACT INFORMATION		
1. First name:	2. Last name:	3. Contact title:
4. Primary phone number:	5. Fax number:	6. Alternate contact number:
7. E-mail:		

SIGNING AUTHORITY INFORMATION		
1. First name:	2. Last name:	3. Title:
4. Phone number:	5. E-mail:	

SECTION 2 – SYSTEM INFORMATION

SYSTEM DESCRIPTION AND DESIGN PARAMETERS			
1. Make, model, and brief description of control system:		2. Overall control efficiency:	
3. Is the system commercially available? If not, identify barriers and estimate time for commercialization:		4. Is a warranty provided with the system? Provide details:	
5. System type: (check all that apply)		Scrubber Electrostatic precipitator Filters	Ultraviolet technology Carbon adsorption Catalytic incineration Other (specify:
6. Total capital costs:	7. Total operational costs:	8. Total maintenance costs:	
9. System expected life:	10. Total pressure drop over system:	11. Required inlet gas flow rate:	
12. Identify primary pollutants targeted:		13. Describe methods for reducing emissions of primary pollutants:	
14. Identify secondary pollutants formed:		15. Describe methods for reducing emissions of secondary pollutants:	
16. Describe methods to prevent re-entrainment of captured contaminants:		17. Describe methods for handling hazardous materials:	
18. Identify maintenance items, frequency, and labor hours required to perform:			
19. Describe any training required and who will provide it:			
20. Identify any required building, structure, or utility system modifications/upgrades:			
21. Additional Notes:			

SECTION 3 – PROCESS SPECIFIC INFORMATION

For each system type selected above, complete the applicable table.

SCRUBBERS		
1. Make, model, and brief description of device:		
2. Pollutants targeted and control efficiency (check all that apply and provide control efficiency if known): PM: _____% VOC: _____% Other (specify): _____% PM10: _____% NOx: _____% PM2.5: _____%		
3. Device dimensions:	4. Required inlet gas flow rate:	5. Residence time (if applicable):
6. Pressure differential (if known):	7. Monitoring device (if equipped):	8. Power/electricity requirements:
9. Maintenance items, intervals, and labor hours required:		10. Identify method(s) of disposal and proper handling of waste:
11. Type: Dry Wet	12. If wet scrubber, indicate type: Packed bed Spray chamber Orifice Venturi Condensation scrubbing Other (specify): Tray/plate	
13. If packed bed, specify the following: Type of packing material: Height of packing material (ft.) : Manufacturer: Operating pressure range: Packing factor: Number of stages: Packing size: Stage efficiency:		
14. If venturi, specify the following: Throat diameter (in): Throat velocity (ft./min) : Throat length (in): Drop diameter (microns) : Pressure drop across throat:		
15. Liquid medium: Liquor composition and weight %: Total pump hp: Spent/used liquor disposal and handling requirements: Temp (°F) : pH of scrubbing medium: Blow-down rate: pH meter present: Make-up rate: ORP of scrubbing medium: Recirculation rate: ORP meter present: Flow meter(s) present:		
16. Additional Notes:		

ELECTROSTATIC PRECIPITATORS		
1. Make, model, and brief description of device:		2. Type: Wet Dry
3. Pollutants targeted and control efficiency (check all that apply and provide control efficiency if known): PM: _____% VOC: _____% Other (specify): _____% PM10: _____% NOx: _____% PM2.5: _____%		
4. Device dimensions:	5. Required inlet gas flow rate:	6. Residence time (if applicable):
7. Monitoring device (if equipped):		8. Power/electricity requirements:
9. Maintenance items, intervals, and labor hours required:		10. Identify method(s) of disposal/handling of waste:
11. Corona power:	12. Sparking rate:	13. Rapping/cleaning interval:
14. Precipitation rate (migration velocity):		15. Collection Area:
16. Additional Notes:		

FILTERS		
1. Make, model, and brief description of device:		
2. Pollutants targeted and control efficiency (check all that apply and provide control efficiency if known): PM: _____% VOC: _____% Other (specify): _____% PM10: _____% NOx: _____% PM2.5: _____%		
3. Device dimensions:	4. Required inlet gas flow rate:	5. Pressure differential (if known):
6. Monitoring device (if equipped):		7. Power/electricity requirements:
8. Maintenance items, intervals, and labor hours required:		9. Identify method(s) of waste disposal/handling:
10. Filter media type(s) (paper, ceramic, etc.):	11. Filter certification details (HEPA, etc.):	
12. Number of filters:	13. Filter dimensions:	14. Total filter area:
15. Additional Notes:		

CATALYTIC/THERMAL INCINERATION		
1. Make, model, and brief description of device:		
2. Pollutants targeted and control (check all that apply and provide control efficiency if known): PM: _____% VOC: _____% Other (specify): _____% PM10: _____% NOx: _____% PM2.5: _____%		
3. Device dimensions:	4. Required inlet gas flow rate:	5. Residence time (if applicable):
6. Pressure differential (if known):	7. Monitoring device (if equipped):	8. Power/electricity requirements:
9. Maintenance items, intervals, and labor hours required:		10. Identify method(s) of waste disposal/handling:
11. Required device/destruction temperature:		12. Supplemental fuel type (if any):
13. Additional Notes:		

ULTRAVIOLET (UV) TECHNOLOGY		
1. Make, model, and brief description of device:		
2. Pollutants targeted and control (check all that apply and provide control efficiency if known): PM: _____% VOC: _____% Other (specify): _____% PM10: _____% NOx: _____% PM2.5: _____%		
3. Device dimensions:	4. Required inlet gas flow rate:	5. Residence time (if applicable):
6. Pressure differential (if known):	7. Monitoring device (if equipped):	8. Power/electricity requirements:
9. Maintenance items, intervals, and labor hours required:		10. Identify method(s) of waste disposal/handling:
11. Does this device produce excess ozone or other secondary pollutants? If so, identify the pollutant(s) and method(s) for reducing emissions:		
12. Additional Notes:		

CARBON ADSORPTION		
1. Make, model, and brief description of device:		
2. Pollutants targeted and control efficiency (check all that apply and provide control efficiency if known): PM: _____% VOC: _____% Other (specify): _____% PM10: _____% NOx: _____% PM2.5: _____%		
3. Device dimensions:	4. Required inlet gas flow rate:	5. Residence time (if applicable):
6. Pressure differential (if known):	7. Monitoring device (if equipped):	8. Power/electricity requirements:
9. Maintenance items, intervals, and labor hours required:		10. Identify method(s) of waste disposal/handling:
11. Number of canisters (if known):	13. Carbon breakthrough calculation:	
12. Weight of canisters (if known):		
14. Additional Notes:		

OTHER		
1. Make, model, and brief description of device:		
2. Pollutants targeted and control (check all that apply and provide control efficiency if known): PM: _____% VOC: _____% Other (specify): _____% PM10: _____% NOx: _____% PM2.5: _____%		
3. Device dimensions:	4. Required inlet gas flow rate:	5. Residence time (if applicable):
6. Pressure differential (if known):	7. Monitoring device (if equipped):	8. Power/electricity requirements:
9. Maintenance items, intervals, and labor hours required:		10. Identify method(s) of waste disposal/handling:
11. Additional Notes:		

SECTION 4 – INFORMATION REQUIRED FROM HOST RESTAURANT

PROCESS INFORMATION NEEDED

List and describe any information needed from the host restaurant to design the system (e.g. restaurant cooking rate, hood system, etc.):

SECTION 6 – CERTIFICATION

I hereby certify that I have read and understood the *Request for Qualifications* for the Restaurant Charbroiler Technology Partnership (RCTP) program, and all information provided in this application and any attachments are true and correct to the best of my knowledge.

1. Printed name of signing authority:	2. Title:
3. Signature of signing authority (BLUE INK ONLY):	4. Date: