



**TECHNICAL INFORMATION FORM**

NAME : .....  
PHONE N° : .....  
ADDRESS : .....  
.....  
.....  
e-mail : .....

**MODEL NAME:**.....  
DATE: .....  
OUTLET :.....  
CONTACT :.....  
PHONE N° : .....

PROJECT N° (To be filled by  
Hergom)

INSTALLER : .....  
PHONE N° : .....

**Procedure**

We remind you that the delivery delay is 5-6 weeks **alter receiving the technical form duly filled in.** For the delivery to be made on time here is the procedure:

- ✚ Imperative to send back the technical information form , **signed by the outlet and the customer.**
- ✚ Alter perusal by our technical service, an installation blueprint will be sent by fax to be signed by the outlet with the mention « Good and agreed ».
- ✚ The order will be effective upon reception of all these documents.
- ✚ Do not hesitate to contact us if further information is needed , phone 00.34 942 58.70.00 or fax al 942.58.70.01

Signed  
Salesman

Signed  
Customer

# hergom

To help us connect your chimney with the smoke exhaust we recommend to fill the form as precisely as possible.

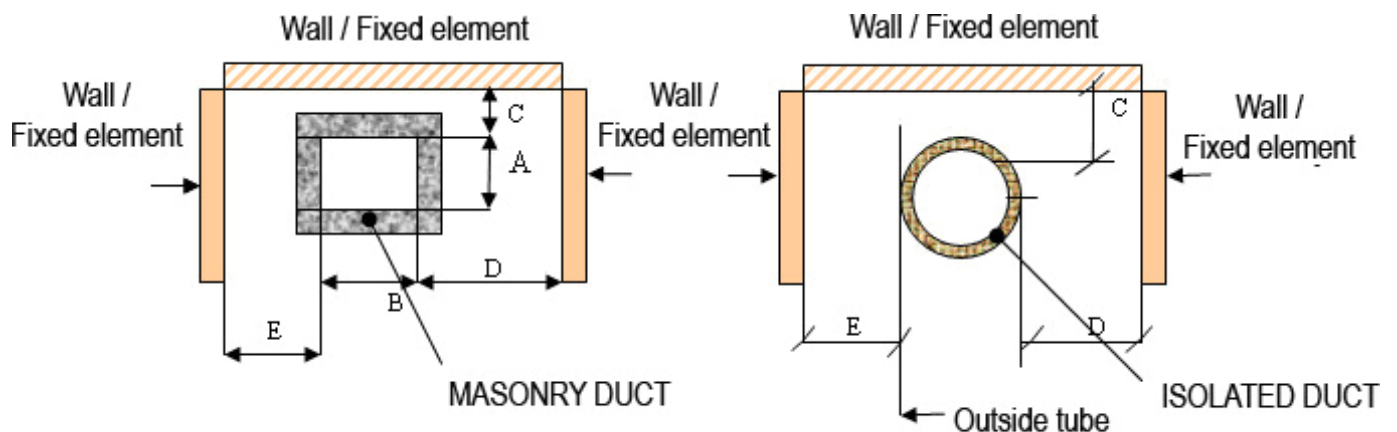
## State of the chimney duct .

yes    not

- To be made.
- Masonry duct      internal section: ..... outside dimensions: .....
- Flexible duct                      Ø interior .....
- Rigid duct simple wall            Ø interior .....
- .....     Double wall duct.                      Ø interior ..... Ø external .....
- Exhaust smoke duct height (Distance from room ceiling to end of duct outside ): .....

## Position of the duct seen from above and room surroundings.

- Central position / Central chimney
- Against a wall / a fixed chimney , indicate measures in mm.



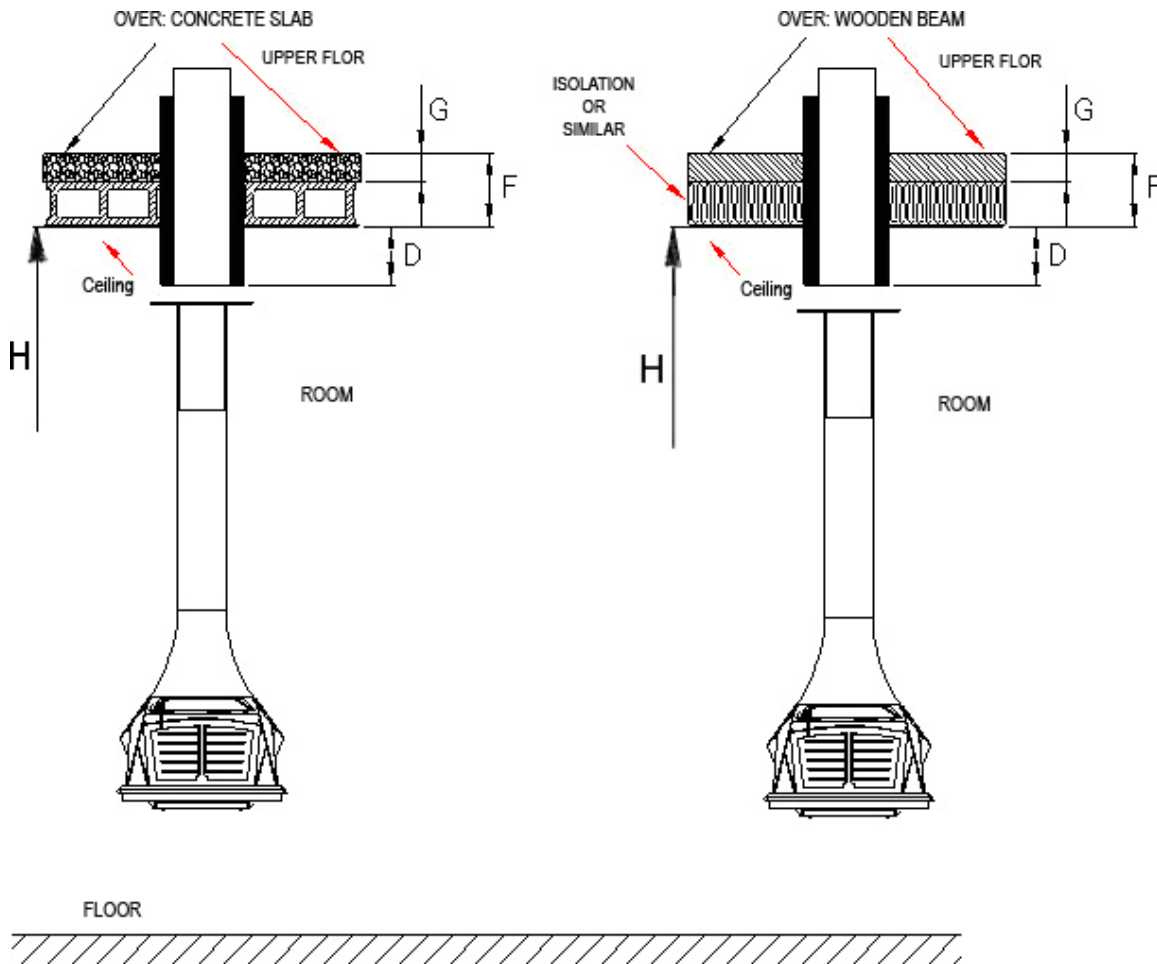
Complete  
(according to case)

Measure    A.....  
Measure    B.....  
Measure    C.....  
Measure    D.....  
Measure    E.....

# hergom

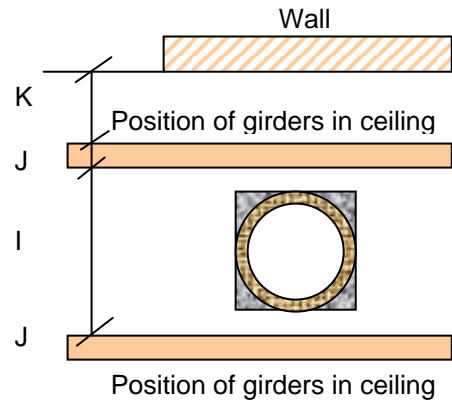
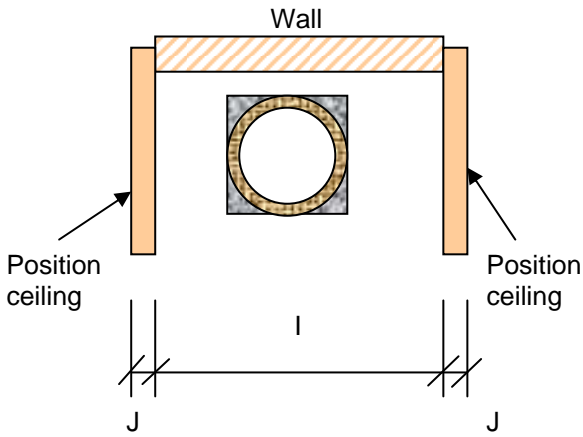
## Positioning and nature of the duct in the room ceiling ( seen from front)

Measures in mm: H ( height from floor to ceiling) .....



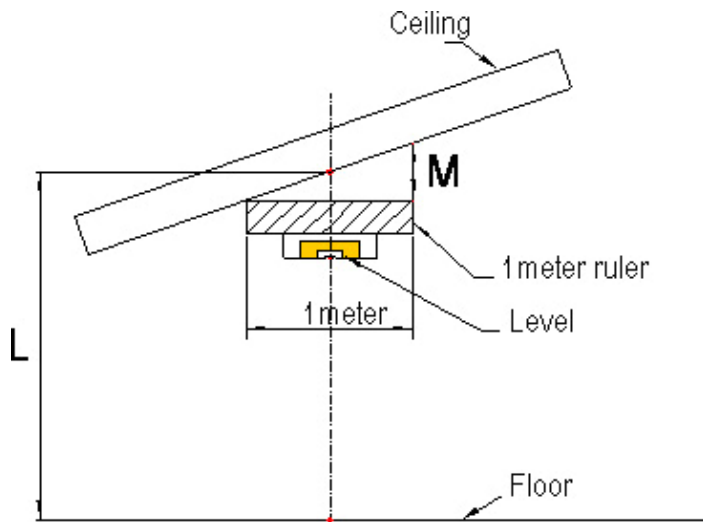
- |                          |                          |  |   |
|--------------------------|--------------------------|--|---|
| yes                      | not                      |  |   |
| <input type="checkbox"/> | <input type="checkbox"/> | Concrete slab:   | Measure G: (Concrete slab thickness)..... |
| <input type="checkbox"/> | <input type="checkbox"/> | Wooden beam:   | Measure G: (Wooden beam thickness).....   |
| <input type="checkbox"/> | <input type="checkbox"/> | The conduit goes down from ceiling:                                  | Measure D:.....                           |
| <input type="checkbox"/> | <input type="checkbox"/> | Is there a room over, if yes is it                                   |   |
|                          |                          | habitable: <input type="checkbox"/> yes <input type="checkbox"/> not |   |
| <input type="checkbox"/> | <input type="checkbox"/> | Accessibility to duct from upper room.                               |   |

**If girders/beams in ceiling – Seen from above**



- I - Space between girders                      measure: .....
- J - Girder thickness                              measure: .....
- K - Space between girders from wall      measure : .....

**Configuration of ceiling cover , only if ceiling is sloped .**



**Give measure M .....**

- Height from floor to ceiling in the axe of the smoke exhaust duct in mm, measure L: .....
- degrees angle ..... (to be verified)

Remarks, particular case (make drawing and pictures for better understanding) .....

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