



**EQUIPMENT SURVEY FORM**

**Company Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_ **Town:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Post office Box:** \_\_\_\_\_ **Town:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Person Contacted:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_ **E-mail Address:** \_\_\_\_\_

**Representative:** \_\_\_\_\_

**Representative's Organization:** \_\_\_\_\_

**Comments/Additional Information:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**1. Request:**

Formal with Firm Price: \_\_\_\_\_ Budgetary: \_\_\_\_\_

General Information: \_\_\_\_\_

Machine/Machines Interested In: \_\_\_\_\_

Samples For Testing: \_\_\_\_\_

Number of Copies Needed: \_\_\_\_\_

Address To: \_\_\_\_\_

**2. Financial Budget/Planning:**

Funds available for immediate purchase? Yes \_\_\_\_\_ No \_\_\_\_\_

If not, when will funds be appropriated? \_\_\_\_\_

When will this equipment be purchased? \_\_\_\_\_

When is equipment required: \_\_\_\_\_

**3. Problem: (Please be as specific as possible – describe soils involved, etc.):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4. Current Cleaning Operation: (Note cycle times/type of equipment used):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**5. Problems with current system:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**6. What operation proceeds cleaning:**

\_\_\_\_\_  
\_\_\_\_\_

**7. What operation follows cleaning:**

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**8. Parts Description:**

Name/Description: \_\_\_\_\_

\_\_\_\_\_

Basic Metals: \_\_\_\_\_

\_\_\_\_\_

	Smallest Part	Largest Part
Length		
Width		
Height		
Weight of parts or basket of parts		

**9. Production:**

Can parts be tumbled? Yes \_\_\_\_\_ No \_\_\_\_\_

Production volume in rotary equipment, if applicable:

	Present	With New Equipment
Baskets Per Hour		
Racks Per Hour		
Parts Per Hour		
Weight or Cubic Feet Per Hour		
Shifts Per Day		

**10. Basket, Container, or Rack:**

Length: \_\_\_\_\_ Width: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: Empty \_\_\_\_\_ Full \_\_\_\_\_

**11. Type of Equipment Proposed or to be Quoted:**

- Vertical Agitation: \_\_\_\_\_ With Rotation: \_\_\_\_\_
- Cellular: \_\_\_\_\_ Type: \_\_\_\_\_
- In-Line: \_\_\_\_\_
- Rotary Drum: \_\_\_\_\_
- Belt: \_\_\_\_\_ Width: \_\_\_\_\_
- Spray: \_\_\_\_\_
- Monorail: \_\_\_\_\_
- Number of Tanks: \_\_\_\_\_ Define: \_\_\_\_\_
- Length of each Zone: \_\_\_\_\_ Define: \_\_\_\_\_

**12. Proposed Cleaning Operation: (Expand on information from items 9, 10 and 11):**

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**13. Define Specifications of Cleanliness and testing of Parts after Cleaning:**

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**14. Define Drying Requirement:**

- Blow Off: \_\_\_\_\_
- Heated Blow Off: \_\_\_\_\_
- Spot Free: \_\_\_\_\_
- Dry To Touch: \_\_\_\_\_
- Drip Free: \_\_\_\_\_
- 100% Dry: \_\_\_\_\_

**15. General Information:**

Floor Space Available: Length: \_\_\_\_\_ Width: \_\_\_\_\_ Height: \_\_\_\_\_

Any unusual space limitations: \_\_\_\_\_

Method of tank heating requested: Gas \_\_\_\_\_ Steam \_\_\_\_\_ Electric \_\_\_\_\_

Method of dryer heating requested: Gas \_\_\_\_\_ Steam \_\_\_\_\_ Electric \_\_\_\_\_

**16. Services Available at Point of Installation, and their Capacities:**

Electric: Volts \_\_\_\_\_ Phase \_\_\_\_\_ Cycles \_\_\_\_\_

Air: PSI Available \_\_\_\_\_ CFM \_\_\_\_\_

Gas: PSI Available \_\_\_\_\_ BTU/Cubic FT \_\_\_\_\_ Cubic FT/HR \_\_\_\_\_

Steam: PSI Available \_\_\_\_\_ LBS/HR \_\_\_\_\_

**17. Material Handling:**

How do parts arrive at proposed equipment? \_\_\_\_\_

How are parts to be loaded and unloaded? \_\_\_\_\_

Automatic loading or unloading devices \_\_\_\_\_

Other handling relative to equipment \_\_\_\_\_

Are we to supply conveyor to and from equipment? \_\_\_\_\_

**Other Helpful Information:**

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