



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:

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):

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

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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