



Request for Quotation

Batch / Process Oven

www.TotalFinishingSolutions.com ~ 844.898.1082

Date Submitted:

Date Required

Planned Purchase Timeframe

Sales Rep Contact Information

Salesperson First and Last Name:

Phone:

Email Address:

End User Information

Company name:

Contact Name:

Street address:

City:

State:

Zip Code:

Phone:

Email Address:

Product Coated:

Primary Paint Supplier:

Primary Paint Supplier Contact Name:

Primary Paint Supplier Contact Phone:

Oven Purpose (Check all the apply)

- ☐ Dry-Off ☐ Liquid Paint Cure
☐ Powder Paint Cure ☐ Other _____

Quantity of Ovens _____

Describe if more than one _____

Oven Type

- ☐ Process
☐ Batch

Door Size: Height _____ Width _____

- ☐ 1 Door Opening ☐ 2 Door Openings
☐ Optional Roll-Up Door

Gas Requirements

- ☐ Natural Gas ☐ Propane ☐ LoNox Required

Burner Box Location:**Dry-Off Section (If Applicable)**

- ☐ Rear floor mounted ☐ Floor mounted underneath
☐ Side floor mounted ☐ Platform mounted
☐ Top mounted
☐ Other _____

Curing-Off Section

- ☐ Rear floor mounted ☐ Floor mounted underneath
☐ Side floor mounted ☐ Platform mounted
☐ Top mounted (Tall Ceiling Height Required)
☐ Other _____

Supply Duct Location:**DRY-OFF SECTION**

- ☐ Floor mounted ☐ Wall mounted ☐ Ceiling mounted
☐ Combination _____ & _____
☐ Other (Custom) _____

CURING SECTION

- ☐ Floor mounted ☐ Wall mounted ☐ Ceiling mounted
☐ Combination _____ & _____
☐ Other (Custom) _____

Oven Wall & Ceiling with Standard 4# Density Insulated Construction:

- ☐ 2" Insulated Panels (250°) ☐ 4" Insulated Panels (450°)
☐ 6" Insulated Panels (600°) ☐ _____" Insulated Panels

Optional Insulation Density:

- ☐ 6# Density Mineral Wool ☐ 8# Density Mineral Wool

Oven Floor Construction:

- ☐ 2" Insulated floor ☐ 4" Insulated floor ☐ 6" Insulated floor
☐ Steel Plate Floor ☐ Slotted Floor ☐ NO FLOOR COVERING

Type of Conveyor through Oven:

- ☐ None
- ☐ Overhead TYPE _____ (Enclosed Track," I Beam, Etc.)
Size _____ (3", 4", 10", Etc.)
- ☐ Floor track system TYPE _____ (Raised or In-floor)

Describe: _____

Oven Configuration:

Oven dimensions if known ID:

- _____ feet wide x _____ feet high x _____ feet long
- ☐ Floor mounted ☐ Raised Oven
- If Raised – Is CSB to support oven? ☐ Yes ☐ No
- If Yes – Height to bottom of oven _____

DRY-OFF SECTION

- ☐ Double Pass
- ☐ Multiple Pass _____ Qty.

CURING SECTION

- ☐ Double Pass
- ☐ Multiple Pass _____ Qty.

Specifications:**Part Information & Oven Load Requirements:**

Conveyor Line Speed _____ FPM

Average Part Weight _____ Lbs

Type of Part Material (Iron, Aluminum, Wood, etc.) _____

Time in the heated zone of the oven _____ minutes

Part Dimensions: _____ in wide x _____ in high x _____ ft long (direction of travel)

Part Centers as hung on the conveyor: _____ inches

Number of Points average part is hung from: _____

Solvent _____ GPH Water _____ GPH Powder _____ Lbs/ Hour

Oven Load _____

Product Window Information:

Product openings: _____ inches wide x _____ inched high. (STANDARD 6" Clear all dimensions)

Keyhole slot: _____ inches wide x _____ inches high.

Top of Conveyor to floor _____ inches

Air Seals: (Check all that apply)

Type:	Exhausting		Re-Circulating		Elevated Oven ONLY Gravity Seal
Dry-Off Entry	<input type="checkbox"/>	OR	<input type="checkbox"/>	OR	<input type="checkbox"/>
Dry-Off Exit	<input type="checkbox"/>	OR	<input type="checkbox"/>	OR	<input type="checkbox"/>
Cure Entry	<input type="checkbox"/>	OR	<input type="checkbox"/>	OR	<input type="checkbox"/>
Cure Exit	<input type="checkbox"/>	OR	<input type="checkbox"/>	OR	<input type="checkbox"/>
Other Entry	<input type="checkbox"/>	OR	<input type="checkbox"/>	OR	<input type="checkbox"/>
Other Exit	<input type="checkbox"/>	OR	<input type="checkbox"/>	OR	<input type="checkbox"/>
Other Entry	<input type="checkbox"/>	OR	<input type="checkbox"/>	OR	<input type="checkbox"/>
Other Exit	<input type="checkbox"/>	OR	<input type="checkbox"/>	OR	<input type="checkbox"/>

Standard Optional Equipment:

Control Type:

- ☐ Touch Screen/PLC with burner box mounted master & remote mounted operator screen.

STANDARD

- ☐ Other _____

Addition of Dedicated Purge Fan

- ☐ Yes ☐ No

Standard Exhaust Stack Package (Includes – (1) SQ.-Round, (6) Plain Pipe, (1) Roof Flange, (2) Storm Collar, (1) China Cap)

- ☐ Yes ☐ No
☐ Other (Please accurately list stack required)

START-UP SERVICES

- ☐ Yes ☐ No

Installation Services

- | | |
|--|---|
| <input type="checkbox"/> Mechanical Installation | <input type="checkbox"/> Roof Framing/Cutting |
| <input type="checkbox"/> Electrical Installation | <input type="checkbox"/> Fire Suppression |
| <input type="checkbox"/> Gas Plumbing | <input type="checkbox"/> Permit Package |
| <input type="checkbox"/> Air Quality Permit | <input type="checkbox"/> Permit Acquisition |

Other Pertinent Information:

Sketch on separate sheet if possible: