



DATE:
SALESMAN:

SYSTEM PRE-ENGINEERING RFQ SHEET

CUSTOMER COMPANY NAME: _____

CUSTOMER CONTACT: _____

ADDRESS: _____

EMAIL: _____

PHONE #: _____

GENERAL

TYPE OF PROPOSAL:

BUGETARY ____ FORMAL ____

IS THE PROJECT BUDGETED? ____ YES ____ NO

PROJECTED TIMELINE FOR PROJECT? (ie. 2025, Q2)

YEAR ____ QUARTER OF THAT YEAR ____

UTILITIES SUPPLIED

GAS TYPE:

NATURAL ____ PROPANE ____

ELECTRICAL:

____ VOLTS/ ____ HZ/ ____ PHASE

BUILDING SPECIFICATIONS

BUILDING ACCESS DOOR SIZE: ____ FT. WIDE X ____ FT. HIGH

INSIDE BUILDING HEIGHT: ____ FT.

PLANT ELEVATION: ____ FT. (RELATIVE TO SEA LEVEL)

ALLOTED SPACE FOR SYSTEM: ____ FT. WIDE X ____ FT. LONG

PART SPECIFICATIONS

MAX PART SIZE: ____ IN. WIDE X ____ IN. HIGH X ____ IN. LENGTH **REQUEST PART DWG**

MAX PART WEIGHT: ____ LBS

PART MATERIAL:

STEEL ____ ALUMINUM ____ OTHER _____

PART DESCRIPTION:

GENERAL PRODUCTION QUESTIONS

NUMBER OF WORKDAYS PER WEEK: _____ NUMBER OF SHIFTS PER DAY: _____

LENGTH OF SHIFTS: _____ HRS

CURRENT PARTS PRODUCED PER HOUR: _____

DESIRED PARTS PRODUCED PER HOUR: _____

CONTINUOUS WASHER INFORMATION

IS THERE SALT SPRAY REQUIREMENT, IF SO HOW MANY HOURS? _____ HRS

WASHER OVERFLOW DISCHARGE...

_____ SEWER _____ ZERO DISCHARGE

WATER BLOW OFF SYSTEM: YES _____ NO _____

IS THE COMPANY WORKING WITH A CHEMICAL PROVIDER?

YES _____ NO _____ IF, YES, WHO? _____

DESIRED NUMBER OF STAGES: _____ OR UNKNOWN _____

****IF THE CUSTOMER ALREADY IS KNOWLEDGEABLE ON DESIRED WASHER DESIGN & STAGES PLEASE FILL OUT INFORMATION BELOW. IF NOT OUR TEAM WILL DESIGN USING INDUSTRY STANDARDS****

STAGE #	CHEMICAL/PROCESS	TIME/DURATION	TEMP
1	_____	_____ SECONDS	_____ DEG. F
2	_____	_____ SECONDS	_____ DEG. F
3	_____	_____ SECONDS	_____ DEG. F
4	_____	_____ SECONDS	_____ DEG. F
5	_____	_____ SECONDS	_____ DEG. F
6	_____	_____ SECONDS	_____ DEG. F
7	_____	_____ SECONDS	_____ DEG. F
8	_____	_____ SECONDS	_____ DEG. F

ADDITIONAL EQUIPMENT TO BE INCLUDED

LIQUID BOOTH: _____

DRY FILTER _____ OR WATER WASH _____

NUMBER OF COLORS: _____

TYPE OF COATING: 1K _____ OR 2K _____

MANUAL APPLICATION _____ OR AUTOMATIC APPLICATION _____

****REQUEST COATING TDS SHEETS****

POWDER BOOTH: _____

NUMBER OF COLORS: _____

NUMBER OF COLORS RECLAIMED: _____

MANUAL APPLICATION _____ OR AUTOMATIC APPLICATION _____

DRY OFF OVEN: _____

CURE OVEN: _____

IR OVEN: _____

IR OVEN TYPE: ELECTRIC _____ OR GAS _____

CONVEYOR SYSTEM: _____ (SIZE TO BE DETERMINED BY PART WEIGHT AND OVERALL SYSTEM LENGTH)

OTHER:

GENERAL NOTES FOR SYSTEM