

Industrial Service Consultants

Personalized Program Request

Submit form to industrial.service.consultant@outlook.com

1. Company Information

- Company Name: _____
- Primary Contact Name: _____
- Title/Role: _____
- Phone Number: _____
- Email Address: _____

2. Facility Details

- Facility Address: _____
- Number of Sites/Locations: _____
- Type of Facility/Operation: _____
- Primary Equipment Used: _____

3. Services Requested

Check all that apply:

- ☐ Equipment Care Plan Development
- ☐ Troubleshooting Guide Creation
- ☐ Maintenance Program Evaluation
- ☐ Technical Writing or Documentation Support
- ☐ Training Program Development
- ☐ Other (please specify): _____

4. Current Maintenance Practices

- Do you currently have a structured maintenance program?

☐ Yes ☐ No ☐ In Development

- Is data (inspections, repairs, logs) currently being recorded?

☐ Yes ☐ No

- Format of current records:

☐ Paper ☐ Digital ☐ Mixed

Notes: _____

5. Project Goals & Priorities

- What are your primary objectives for this project?

- Are there any critical deadlines or operational priorities we should be aware of (e.g., audits, shutdowns, rollouts)?

- Preferred Start Date or Timeframe: _____

6. Additional Notes or Considerations

7. Asset Identification

Please provide information for key equipment or representative assets below. Use additional pages if needed.

Equipment Name / Type: _____

Manufacturer: _____

Model / Serial Number: _____

Additional Notes (if any): _____