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| ***Request For Quotation – Industrial Blast Facilities*** |

This form is a vehicle for you to convey your needs, explain your application and site requirements/limitations. It is a critical first step in the proposal process. **Please read carefully and fully complete this form.** Thank you.

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| **FOR CLEMCO INDUSTRIES USE ONLY** | **Opp#** | **Estimate#** |

|  |  |
| --- | --- |
| Customer signature required on initial request | Date |
|  |  |
| Customer signature required at time of order | Date |
|  |  |

**Action Requested:**

Sample Processing

Budget Estimate

Formal Quotation

General Arrangement Drawing Required?  Yes  No

**Funding Status**: Forecast  Budgetary  Approved  Budget Dollars Available       Estimated Purchase Date

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| --- | --- | --- | --- |
| Clemco Territory Manager: | | Customer Company Name | |
| ZERO Logo Vector.jpgDistributor | | Address | |
| Address | | City/State/Zip | |
| City/State/Zip | | Contact/Title | |
| Contact | | Email | |
| Phone | Fax | Phone | Fax |

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| **1**. **Reason For Quotation** | | | | | | | | | | | | | | | | | | | | |
| Replacement | | | | Product Improvement | | | | | | | New Equipment | | | New Product | | | | | Cost Reduction | |
|  | | | | | | | | | | | | | | | | | | | | |
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| **2**. **Application** | | | | | | | | | | | | | | | | | | | | |
| Peening | | | | | | Descaling | | | | | | | Ra Finish | | | | | Cleaning | | |
| Deburring | | | | | | Paint Stripping | | | | | | | Bonding | | | | | Appearance | | |
| Other | | | | | | | | | | | | | | | | | | | | |
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| **3. Specific Part(s) to be Processed (Name Item)** | | | | | | | | | | | | | | | | | | | | |
| LENGTH | | | | | | | | | | | | DIAMETER | | | | | | | | |
|  | | Maximum | | | Minimum | | | |  | | | | | | Maximum | | Minimum | | |  |
|  | |  | | |  | | | |  | | | | | |  | |  | | |  |
| WIDTH | | | | | | | | | | | | WEIGHT | | | | | | | | |
|  | | Maximum | | | Minimum | | | |  | | | | | | Maximum | | Minimum | | |  |
|  | |  | | |  | | | |  | | | | | |  | |  | | |  |
| HEIGHT | | | | | | | | | | | | OTHER | | | | | | | | |
|  | | Maximum | | | Minimum | | | |  | | | | | | Maximum | | Minimum | | |  |
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| 2. **Purpose of Blasting** | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| Indicate if process is for removal of hazardous coatings/materials and specify: | | | | | | | | | | | | | | | | | | | | |
| Specify what happens to part(s) after leaving the blast room? | | | | | | | | | | | | | | | | | | | | |
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| 3. **Current Processing Method** | | | | | | | | | | | | | | | | | | | | |
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| 4. **Special Instructions/Requirements** | | | | | | | | | | | | | | | | | | | | |
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| **ENCLOSURE** | | | | | | | | | | | | | | | | | | | | |
| **Size :** Long | | | | | | | | Wide | | | | | | | | High | | | | |
| **Construction:**  Heavy-duty 10 gauge | | | | | | | | | | | | | | | | | | | | |
| **To Be Installed:** Inside Building  Outdoors | | | | | | | | | | | | | | | | | | | | |
| **Work Doors:**  One End Only  Both Ends **Personnel Doors:**  No  Yes Quantity: | | | | | | | | | | | | | | | | | | | | |
| **Abrasive-Resistant Wall Liner:**  Yes  No | | | | | | | | | | | | | | | | | | | | |
| **Lighting:** Ceiling  Side Walls  Both | | | | | | | | | | | | | | | | | | | | |
| Standard (50 Foot Candles)  Other:       Foot Candles | | | | | | | | | | | | | | | | | | | | |
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| **BLAST EQUIPMENT/SAFETY EQUIPMENT** | | | | | | | | | | | | | | | | | | | | |
| **On-Site Compressed Air Supply:**       cfm @       psi       HP Compressor | | | | | | | | | | | | | | | | | | | | |
| **On-Site Blast Available Blast Machine(s):** Quantity:       Blast Machine Capacity: (ea.)       cuft | | | | | | | | | | | | | | | | | | | | |
| Include in proposal  Existing | | | | | | | | | | 6 cuft stationary blast machine with remote controls, 50 ft. coupled blast hose, nozzle and air filter | | | | | | | | | | |
| Include in proposal  Existing | | | | | | | | | | Operator Safety Equipment: supplied-air respirator with air conditioner, breathing-air filter, blast suit (LG), leather gloves | | | | | | | | | | |
| Include in proposal  Existing | | | | | | | | | | Carbon Monoxide monitor/alarm | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **RECOVERY SYSTEM** – Please sketch desired layout on grid on page 4. | | | | | | | | | | | | | | | | | | | | |
| **Media To Be Used:**  Mesh Size: | | | | | | | | | | | | | | | | | | | | |
| **Recovery Area** Full  Partial  Recessed (requires pit)  Surface Mount | | | | | | | | | | | | | | | | | | | | |
| **Recovery Area Dimensions:**       Length      Width | | | | | | | | | | | | | | | | | | | | |
| **Type of Recovery System:** | | | | | | | | | | | | |  | | | | | | | |
| Recessed 3x3 Sweep-in hopper | | | | | | | | | | | | | Recessed Belt Conveyor | | | | | | | |
| Recessed Screw Conveyor | | | | | | | | | | | | | Recessed M-Section® | | | | | | | |
| If recessed, specify depth of water table | | | | | | | | | | | | | | | | | | | | |
| Surface Mount M-Section® with ramp plates | | | | | | | | | | | | | Surface Mount shovel-in 2x2 hopper | | | | | | | |
| **Grating:**  250 lbs/sq ft  1,000 lbs/sq ft  2,000 lbs/sq ft  Other | | | | | | | | | | | | | | | | | | | | |
| **DUST COLLECTION SYSTEM** | | | | | | | | | | | | | | | | | | | | |
| To Be Supplied By Clemco | | | | | | | | | | | | | | | | | | | | |
| **Ventilation Rate Required (Air Movement Through Room):**      (feet per minute) | | | | | | | | | | | | | | | | | | | | |
| **To Be Installed:** Inside Building  Outdoors-If outdoors, dust collector explosion venting? **Yes  No** | | | | | | | | | | | | | | | | | | | | |
| **Indicate Location (Distance From Room):** | | | | | | | | | | | | | | | | | | | | |
| **Maximum Ambient Humidity:**      % | | | | | | | | | | | | | | | | | | | | |
| **HEPA filters required? Yes  No** | | | | | | | | | | | | | | | | | | | | |
| Existing or To Be Supplied By Others | | | | | | | | | | | | | | | | | | | | |
| **Make:** | | | | | | | | | | | | | | | | | | | | |
| **Model:**     **cfm Rating:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | |
| **Differential Pressure (Operating Range):**     inches W.G. | | | | | | | | | | | | | | | | | | | | |
| **Fan Static Pressure:**      inches W.G. | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **WORKPIECE HANDLING SYSTEM** | | | | | | | | | | | | | | | | | | | | |
| By |  | | By | | | |  | | | | | | | | | | | | | |
| Clemco | Existing | | Others | | | | Type of System | | | | | | | | | | | | | |
|  |  | |  | | | | **Fork Lift:** Weight      Capacity | | | | | | | | | | | | | |
|  | | | | | | | Tire Size      Tire Type      How Many Tires? | | | | | | | | | | | | | |
|  |  | |  | | | | **Work Car:**  Bed Size      Capacity       Powered  Manual | | | | | | | | | | | | | |
|  |  | |  | | | | **Rails (RR):** Gauge       (width of rail set) Size       Length | | | | | | | | | | | | | |
|  | | | | | | | Recessed  Raised | | | | | | | | | | | | | |
|  |  | |  | | | | **Rails (inverted “V”):** Gauge (width of rail set) Size       Length | | | | | | | | | | | | | |
|  |  | |  | | | | **Monorail:**Capacity       Length       Clearance | | | | | | | | | | | | | |
|  |  | |  | | | | **Hoist:** Capacity        Fixed  Moveable | | | | | | | | | | | | | |
|  | | | | | | | Pneumatic  Electric  Manual | | | | | | | | | | | | | |
|  |  | |  | | | | **Other:** | | | | | | | | | | | | | |
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| **ELECTRICAL CONTROLS** | | | | | | | | | | | | | | | | | | | | |
| **CONTROL PANEL** Power Supply:       Volts       Phase       Lighting voltage | | | | | | | | | | | | | | | | | | | | |
| **Electrical Classification:** Explosion Proof: Class       Division       Group | | | | | | | | | | | | | | | | | | | | |
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| **EQUIPMENT INSTALLATION** | | | | | | | | | | | | | | | | | | | | |
| **Erection:** By Clemco Contractor  By Distributor Contractor  By Others | | | | | | | | | | | | | | | | | | | | |
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Sketch recovery area and equipment location requirement (indicate dimensions)

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| Industrial Blast Facilities.jpg |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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