Clemco_Industries_Logo_Black.jpg  Aerolyte_Logo_vector.jpg

***Request For Automation***

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.

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

**Action Requested:**

|  |  |
| --- | --- |
| Customer to indicate approval of data submitted in this document | |
| Customer signature required on initial request | Date |
|  |  |

Sample Processing

Budget Estimate

Formal Quotation

General Arrangement Drawing Required?

(offered for formal quotation of engineered product only)

**Funding Status**: Budgetary Approved  Specify Dollars Available $      Estimated Purchase Date (mo/yr)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Distributor Company Name | | | Customer Company Name | | |
| Dist Contact | | | Contact/Title | | |
| Address | | | Address | | |
| City/State/Zip | | | City/State/Zip | | |
| Email | | | Email | | |
| Phone: | Cell: | Fax: | Phone: | Cell: | Fax: |

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| **Reason For Equipment Quotation** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Replacement | | | Product Improvement | | | | | | | | | | | | New Process | | | | | | Cost Reduction | | | | |  | | |
| **Application** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Peening | | | | | | | | | | | Descaling | | | | | | | | | | | | Finishing | | | | | |
| Cleaning | | | | | | | | | | | Deburring | | | | | | | | | | | | Ra Finish | | | | | |
| Bonding | | | | | | | | | | | Appearance | | | | | | | | | | | | Paint Stripping | | | | | |
| Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Provide additional information (i.e. peening intensity, Ra finish requirements etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Specific Parts to be Processed / Number of configurations to be processed** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name item(s) and describe each. Provide details/drawings for all sizes/configurations. Attach separate document if needed.  Number:      Description:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LENGTH | | | | | | | | | DIAMETER | | | | | | | | | | | | |  | | | | | | |
|  | MAXIMUM | MINIMUM | | | |  | | |  | | | | | MAXIMUM | | MINIMUM | | |  | | |  | | |  | |  |  |
|  |  |  | | | |  | | |  | | | | |  | |  | | |  | | |  | | | For pipes or tubes | | |  |
| WIDTH | | | | | | | | | WEIGHT | | | | | | | | | | | | | INSIDE DIAMETER | | | | | | |
|  | MAXIMUM | MINIMUM | | | |  | | |  | | | | | MAXIMUM | | MINIMUM | | |  | | |  | | | MAXIMUM | | MINIMUM |  |
|  |  |  | | | |  | | |  | | | | |  | |  | | |  | | |  | | |  | |  |  |
| HEIGHT | | | | | | | | | OTHER | | | | | | | | | | | | | OUTSIDE DIAMETER | | | | | | |
|  | MAXIMUM | MINIMUM | | | |  | | |  | | | | | MAXIMUM | | MINIMUM | | |  | | |  | | | MAXIMUM | | MINIMUM |  |
|  |  |  | | | |  | | |  | | | | |  | |  | | |  | | |  | | |  | |  |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Quantity of Parts** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Indicate number of parts in a typical batch run | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Production Rate Objective** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Number of Parts **:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Per  Hour Day  Week  Month | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Number of Shifts Per Day: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| One Two  Three  Other, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Material to be Processed** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Steel | | Plastic | | | | | | | | | | | | | | | Stainless | | | | | | | | | | | |
| Zinc | | Aluminum | | | | | | | | | | | | | | | Copper | | | | | | | | | | | |
| Brass | | Other, please listed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Current Processing Method** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Current Parts Per Hour Rate: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Coverage**  Partial  Masking Required 100%  Pipe Interior  Pipe Exterior | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Describe partial coverage and masking requirements. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Media** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Recommended by Distributor To be determined by Clemco Sample Processing | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | Media Size | | | | | | |  | |  | | | | | | Media Size | | | | | | | | |
| Glass Bead | | | | |  | | | | | | |  | | Steel Shot | | | | | |  | | | | | | | | |
| Alox | | | | |  | | | | | | |  | | Steel Grit | | | | | |  | | | | | | | | |
| Soda/BiCarb | | | | |  | | | | | | |  | | Plastic | | | | | |  | | | | | | | | |
| Ceramic | | | | |  | | | | | | |  | | Other, please list \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **System Type/Material Handling** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Recommended by Distributor  To be determined by Clemco Sample Processing | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pressure | | | | | | | | | | Suction | | | | | | | | | | | | Indexing Turntable | | | | | | |
| Continuous Turntable | | | | | | | | | | Split Belt Conveyor | | | | | | | | | | | | Straight Belt Conveyor | | | | | | |
| Magnetic Belt Conveyor | | | | | | | | | | Magnetic Over/Under Conveyor | | | | | | | | | | | | Modified Standard (see below) | | | | | | |
| Robotic Blast | | | | | | | | | | Robotic Load/Unload | | | | | | | | | | | |  | | | | | | |
| Description of Modified Standard: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Custom Paint Color** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Yes  No Paint Specifications \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Should Quote Include Fixturing?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Yes  No (If Yes, provide parts and/or part drawings for every part size/configuration. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Describe Process Interface** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Prior to this process \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Subsequent to this process \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Compressed Air Supply** | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| Available      cfm | | | | | | | | | | | Limited To:       at       psi | | | | | | | | | | | | | | | | | |
| **Electrical Supply Available** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 230V, 3PH, 60 HZ | | | | | | | 460V, 3PH, 60HZ | | | | | | | | | | | Other,       V       PH       HZ | | | | | | | | | | |
| Hazardous Location? Yes  No | | | | | | | | | | | | | If yes, class       division       group | | | | | | | | | | | | | | | |
| **Dust Collector**  Rotary Air Lock Requred  Explosion Venting (only when dust collector can be located outdoors) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Noise Level Requirements? Yes  No**  If yes, specify noise level in decibels | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Space Limitations For Equipment** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | X | | | |  | | | | | | | | X | | |  | | | | |  | | | | |
| Length | | | |  | | | | Width | | | | | | | |  | | | Height | | | | |  | | | | |
| **Interest in a visit to our facility in Washington MO for Sample Processing?**  Yes  No  Time frame or specific date: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Submit RFA** Please attach relevant part drawing(s) or drawing depicting space layout requirements. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**NOTE** For sample processing, if production rate estimate is required, please send a minimum of a dozen parts for thorough automation processing evaluation.

**IMPORTANT!** When sending parts, send an example of acceptable part to demonstrate what blasting process must achieve. Include a labeled blueprint or sketch (when available). If process requirement differs from the sample provided, please describe fully.

**If for any reason, parts are not processed, advise disposition**

Dispose of parts  Return parts

|  |  |  |  |
| --- | --- | --- | --- |
| **Unless otherwise specified below, processed parts will be returned to the Distributor.** | | | |
| Company Name | |  | |
| Address | | | |
| City/State/Zip | | | |
| Attention | | | |
| Title | Phone | | Email |
| Special Instructions/Requirements (Attach separate sheet if necessary) | | | |
|  | | | |
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| **FOR CLEMCO INDUSTRIES USE ONLY Opp#** **Estimate#** **SP #** |
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