



# REQUEST FOR AUTOMATION

Please use this form to convey your equipment needs, and explain your application and site requirements. Fully completing the form is a critical step in the proposal process. Fully-completed forms expedite the quote process, eliminating delays caused by the need for additional information and clarification. Email completed form to **custserv@cleencoindustries.com** or fax to **800-726-7559**.

**FOR CLEMCO INDUSTRIES USE ONLY**    OPP# \_\_\_\_\_ ESTIMATE# \_\_\_\_\_ SP# \_\_\_\_\_

**What action is required?**

- Sample Processing Only — No pricing is needed at this time (Before sending parts, consult your Territory Manager).
- Budget Estimate—Before requesting a firm proposal, we strongly encourage sample processing be performed.
- Firm Proposal     GA Drawing—GA drawing to be provided, when requested, at firm proposal stage only.

Person completing this document (Name): \_\_\_\_\_

Company Name: \_\_\_\_\_ Date: \_\_\_\_\_

Has the customer approved the content of this document?     Yes     No

DISTRIBUTOR	CUSTOMER
Company Name: _____	Company Name: _____
Dist. Contact: _____	Contact/Title: _____
Address: _____	Address: _____
City/State/Zip: _____	City/State/Zip: _____
Email: _____	Email: _____
Office Phone: _____	Office Phone: _____
Mobile: _____	Mobile: _____

**What is customer's primary industry?** (i.e. aerospace, automotive, oil and gas, etc.): \_\_\_\_\_

**Why is this capital investment being considered?**

Replacement of existing cabinet    Describe existing cabinet: \_\_\_\_\_

    If replacing existing ZERO® cabinet, provide JO/PRJ reference number: \_\_\_\_\_

New process/product line

**What is the stage of your cabinet planning?**

Budgetary     Approved

Indicate budgetary constraints: \_\_\_\_\_



**What is the application?**

Surface preparation for coating or bonding     Scale removal     Deburring     Finishing     Peening

Roughness Average (Ra) Finish (specify): \_\_\_\_\_ Other: \_\_\_\_\_

If hazardous coating or material will be removed, specify hazard: \_\_\_\_\_

**What parts will be processed in this cabinet?**

Part Name(s): \_\_\_\_\_

Substrate Material: \_\_\_\_\_

If varied, identify typical materials: \_\_\_\_\_

Name each item(s) and describe. Provide details/drawings for all sizes/configurations. (Attach separate document)

Number of different parts to be processed in this machine: \_\_\_\_\_

**LENGTH**

Minimum	Maximum

**HEIGHT**

Minimum	Maximum

**WEIGHT**

Minimum	Maximum

For pipes or tubes	INSIDE DIAMETER		
	Minimum	Maximum	
		OUTSIDE DIAMETER	
		Minimum	Maximum

**WIDTH**

Minimum	Maximum

**DIAMETER**

Minimum	Maximum

**OTHER**

Minimum	Maximum

**◆ BLAST MEDIA**

Recommended by Distributor     To be determined through Sample Processing

**What abrasive/media will be used in this blast cabinet?**

Steel Grit                       Steel Shot                       Aluminum Oxide                       Glass Bead  
 Plastic Media                       Ceramic Media                       Starch Media                       Soda/BiCarb  
 Other, please specify: \_\_\_\_\_

For the above, please specify grit/mesh size: \_\_\_\_\_

**◆ COVERAGE**

Partial     Masking Required     100%     Pipe Interior     Pipe Exterior

Describe partial coverage and masking requirements: \_\_\_\_\_

**◆ 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: \_\_\_\_\_



◆ **CURRENT PROCESSING METHOD**

Describe: \_\_\_\_\_

Current parts per hour rate: \_\_\_\_\_

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◆ **DESCRIBE PROCESS INTERFACE**

Prior to this process: \_\_\_\_\_

Subsequent to this process: \_\_\_\_\_

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◆ **BLAST SYSTEM TYPE**

- Suction     Pressure     Rotary Head (Suction Only)  
 Recommended by Distributor     To be determined through Sample Processing
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◆ **MATERIAL HANDLING IN CABINET**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Indexing Turntable          | <input type="checkbox"/> Continuous Turntable   | <input type="checkbox"/> Split Belt Conveyor          |
| <input type="checkbox"/> Straight Line Belt Conveyor | <input type="checkbox"/> Magnetic Belt Conveyor | <input type="checkbox"/> Magnetic Over/Under Conveyor |
| <input type="checkbox"/> Skew Conveyor               | <input type="checkbox"/> Robotic Blast          | <input type="checkbox"/> Robotic Load/Unload          |
| <input type="checkbox"/> Modified Standard           |   |   |

Description of Modified Standard: \_\_\_\_\_

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◆ **CUSTOM PAINT COLOR**

Yes     No    If yes, advise paint specs: \_\_\_\_\_

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◆ **COMPRESSED AIR SUPPLY**

Available cfm: \_\_\_\_\_ Limited to: \_\_\_\_\_ cfm at \_\_\_\_\_ psi

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◆ **SPACE LIMITATIONS FOR EQUIPMENT**

Length: \_\_\_\_\_ Width: \_\_\_\_\_ Height: \_\_\_\_\_

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◆ **DUST COLLECTION**

- HEPA     Rotary Air Lock  
 Explosion Venting (*available only when dust collector can be located outdoors*)
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◆ **ELECTRIC SUPPLY AVAILABLE**

Electrical Requirements:  NEMA 12 (std)     UL     CUL     C     Other \_\_\_\_\_  
 230V, 3PH, 60HZ     460V, 3PH, 60HZ     Other: \_\_\_\_\_ V    \_\_\_\_\_ PH    \_\_\_\_\_ HZ

Hazardous Location?  Yes     No    If yes, class: \_\_\_\_\_ division: \_\_\_\_\_ group: \_\_\_\_\_

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◆ **NOISE LEVEL REQUIREMENTS**

Yes     No    If yes, specify noise level in decibels: \_\_\_\_\_

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◆ **FIXTURING**

Yes  No If yes, provide actual parts and/or part drawings for every part size/configuration

**Visit to our facility in Washington, MO for Sample Processing?**

Yes  No If yes, time frame or specific date: \_\_\_\_\_

**If for any reason, parts are NOT processed, advise disposition.**  Dispose of parts  Return parts

**Unless otherwise specified below, processed parts will be shipped to the Distributor.**

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Attention: \_\_\_\_\_ Title: \_\_\_\_\_

Co. Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Special Instructions/Requirements (*Attach separate sheet if necessary*):

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