



SEND TO:
ADF SYSTEMS, LTD.
 P.O. BOX 278
 HUMBOLDT, IOWA 50548
 FAX: 1-515-332-4475
 OR: 1-800-798-5100
 WEB SITE: www.adfsys.com

**PARTS WASHER RFP
 DATA SHEET**

DATE: _____

**F
R
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M**

Company: _____
Address: _____
City: _____
State: _____ **Zip:** _____
Phone No.: _____ - _____ - _____
Fax No.: _____ - _____ - _____
Customer Contact -
Name: _____
Position/Title: _____

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B
Y**

Company: _____
Address: _____
City: _____
State: _____ **Zip:** _____
Phone No : _____ - _____ - _____
Fax No.: _____ - _____ - _____
Name: _____

APPLICATION DATA:

Describe parts and/or furnish drawing(s) _____

PRODUCTION VOLUME AND SIZES:

	<u>LENGTH</u>	<u>WIDTH(DIA)</u>	<u>HEIGHT</u>	<u>WEIGHT</u>	<u>QTY/HR</u>
Largest Part:	_____	_____	_____	_____	_____
Smallest Part:	_____	_____	_____	_____	_____
Basket Size:	_____	_____	_____	_____	_____
Other:	_____	_____	_____	_____	_____

CONTAMINANTS TO REMOVE:

- | | | | |
|---|--|--|-------------------------------------|
| <input type="checkbox"/> Cutting Oils/Chips | <input type="checkbox"/> Drawing Compounds | <input type="checkbox"/> Vibratory Residue | <input type="checkbox"/> Quench Oil |
| <input type="checkbox"/> Grinding/Honing Oil & Dust | <input type="checkbox"/> Coolant-Water Soluble | <input type="checkbox"/> Coolant-Oil | <input type="checkbox"/> Ink |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Lapping Compound w/Silica Carbide | <input type="checkbox"/> Lapping Compound w/Aluminum Oxide | |

TYPES OF MATERIAL:

- | | | | | | |
|---|--------------------------------|-----------------------------------|--|---------------------------------|------------------------------------|
| <input type="checkbox"/> Ferrous metals | <input type="checkbox"/> Brass | <input type="checkbox"/> Rubber | <input type="checkbox"/> Stainless Steel | <input type="checkbox"/> Copper | <input type="checkbox"/> Cast Iron |
| <input type="checkbox"/> Plastics | <input type="checkbox"/> Glass | <input type="checkbox"/> Aluminum | | | |
| <input type="checkbox"/> Other _____ | | | | | |

Will parts drain readily? _____
 Operation(s) preceding parts washer _____

 Operation(s) following parts washer _____

WASH - RINSE - BLOW OFF INFORMATION

Stage	Description	Heated		Max Temperature	Type Heat
		Yes	No		
1	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
2	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
3	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
4	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

FLOW THROUGH WASHER DATA:

Belt Width _____ Belt Speed _____ Tunnel Opening: _____ W x _____ H
Belt Type _____ Conveyor Length _____

ROTARY TURNTABLE STYLE:

Diameter of table _____ Height Clearance: Standard YES NO If "No" Height _____

AUGER STYLE:

Volume in CU. Ft _____ per _____ Weight in CU. Ft _____ lbs.

How will parts be put in to Auger? _____

Are there any special considerations YES NO
If yes, explain _____

ELECTRICITY AVAILABLE

208/230V/3PH/60Hz 440V/3PH/60Hz Other: V _____ Ph _____ Hz _____

GENERAL INFORMATION

Is a spotless finish required: YES NO
Will D.I. water be used: YES NO

What type of detergent will be used? _____

What type of machine is currently used? _____

Have Parts been test washed to determine how long the cleaning cycle is? YES NO

If so, how long? Wash _____ Rinse _____ Blow off _____

If parts need to be dry, what is the requirement? _____

Is there a space limitation for machine installation? YES NO

If Yes, Detail _____

COMMENTS: _____

