

The Dishwashing Machine Specialists

		א חכוע													
JOB NAME:		Contact name:													
Dealer:															
Contact name:		Decision maker:													
Position/Title:								Position/Title:							
Phone:	Fax:							Phone:					Fax:		
Email:							Email:								
Address:									Chahai		7:				
City:					Don or		1		State:		Zip Emai				
Prepared by:				Rep gr		ODNAATION			Ellial						
ON-SITE INFORMATION															
Ceiling height:	Doorway							Doorway width:					sle wi	dth:	
NOTE:	Verify how t						om. Me	asure	elevator	with doo	rs closed	•			
Floor condition:		evel			Sloped		Pito	hed	Siz	ze of Larg	est ware	wash	ed		
Meals per day:					rators:		Hours of operation pe								
					(ISTING U	NIT	INFOR	RMAT	TION	-					
Manufacturer:					Mod	Overall length:									
Direction of unit:		1.	L-R F		Pre-wash tank:		30"		48"	Blower/Dryer un				Yes	No
Electrical supply:													is:	165	
Circuit Breakers:			Total amps: # Electrical connections: No IF Yes Indicate Location: Gas Steam Booster heat: Electric 40° 70°												
Tank heat type:		ic	Gas IF STEAM								loctric	40°	70	0	Steam
Incoming H ₂ O °F							Dooste	i iicai	·•	_	Recover	1	Yes	I	
									пеац	Recover	y.	163	INO	,	
Pieces Per Hour: Is Installation Quotation Required: WATER / VENTILATION INFORMATION															
Incoming Mater Torre			°F	AIE	•									15 1	
Incoming Water Tem	-		PSI		Existing V					Load E				ad End:	
Incoming Water P		FC FO		TED T		uctwork CFM:			Load End:		Unload End:		_		
PHOTOGRAPH MACHINE GAUGES FOR WATER TEMPERATURE AND PRESSURE. USE WATER TEST STRIPS TO ESTIMATE WATER HARDNESS.PHOTOGRAPH EXHAUST VENTILATION SYSTEM, TAKE READINGS IF POSSIBLE.															
CHAMPION RECOMMENDATION															
Model:										(Overall le	ngth:			
Direction of unit:	R-L	L.	-R	Pre-w	vash tank s	ize:	3	0"	48"	Blow	er/Dryei	r 48":		Yes	No
Electrical supply:	:				Total amps:							connections:			
Tank heat type:	Electr			as			Booster heat:		Electric		Gas		Steam		
Heat Recovery:		yes N		O Unit width:			24' 29'			Ta	ank Leng	th:	4'	6'	8'
Special Instructions:															
					INFORM	ATIC	ON REC	QUIR	ED						
Specifics Needed	: Q	uotatio	n			ecificat	cifications			Drawings					
Send to:	Dealer Repr			prese	ntative	С	Customer		Other:						
Date Needed:	:														
				Αl	UTHORIZI	ED S	ERVIC	E AG	ENCY						
ASA:								Conta	ct name:						
Phone:			Fax	K :				Email	address:						
Ship address:															
City:									State:				Zip:		