

## DISH ROOM TRI SYSTEM SURVEY: GENERAL INFORMATION

Dealer name:		Contact name:	
Customer:			
Contact name:		Decision maker:	
Position/Title:		Position/Title:	
Phone:	Fax:	Phone:	Fax:
Email address:			
Street address:			
City:		State:	Zip:
Prepared by:		Rep group:	Email:

### ON-SITE INFORMATION

Ceiling height:		Doorway height:		Doorway width:		Aisle width:	
NOTE:	<i>Verify how unit is received and moved into room. * Freight elevator (Measure elevator with doors closed) * Ceiling height * Hall width * Door width * Turn clearances.</i>						
Floor condition:	<input type="checkbox"/> Level	<input type="checkbox"/> Sloped ___"	<input type="checkbox"/> Pitched ___"				
Meals per day:		# of operators:		Hours of operation per day:			
Avg. food waste Per person:	Lbs.	Peak person/Hour		Types of waste	Food ___	Paper ___	Foam ___ Plastic ___

### EXISTING UNIT INFORMATION

*(Photograph existing system )*

Manufacturer:		Model:		Is current unit meeting the need?	
Electrical supply:		Total amps:		# Electrical connections:	
Circuit Breakers:		Plumbing chase available for remote system?		Current Recycling Program?	
Are compostables currently separated?		Distance to dumpster		Is the current trough and tabling being re used?	
Adequate plumbing		Local code requirements/ limitations/ interceptors			

### Waste Disposal Goals

Landfill		Waste Disposal Goals	Hauling Charges/ Frequency		
Compost			On site or off ? Name of off site..		
Bio Gas			Is there a local hauler? Local Bio Gas Facility?		

**Waste System ROI Calculator: [http://www.championindustriesroi.com/champion/home\\_calculator.asp](http://www.championindustriesroi.com/champion/home_calculator.asp)**

### CHAMPION RECOMMENDATION

Model:		Self Contained	
		Remote	
Electrical supply:		Total amps:	# Electrical connections:
Waste Collection area		Waste Storage	
	SSG	Pulper	Disposer
	Dehydrator	Trash Cans	

### INFORMATION REQUIRED

Item:	<input type="checkbox"/> Quotation	<input type="checkbox"/> Specifications	<input type="checkbox"/> Drawings
Send to:	Dealer <input type="checkbox"/>	Rep. <input type="checkbox"/>	Customer <input type="checkbox"/> Other: _____
Date Needed:			

**AUTHORIZED SERVICE AGENCY**

<b>ASA:</b>				<b>Contact name:</b>			
<b>Phone:</b>		<b>Fax:</b>		<b>Email address:</b>			
<b>Ship address:</b>							
<b>City:</b>				<b>State:</b>		<b>Zip:</b>	



**Please sketch room layout, including wall dimensions and existing machine dimensions:**

