

DISH ROOM SURVEY: GENERAL INFORMATION

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

ON-SITE INFORMATION

Ceiling height:		Doorway height:		Doorway width:		Aisle width:	
NOTE:	Verify how unit is received and moved into room. * Freight elevator (Measure elevator with doors closed) * Ceiling height * Hall width * Door width * Turn clearances. LARGEST SECTION SITE CAN ACCOMMODATE						
Floor condition:	<input type="checkbox"/> Level	<input type="checkbox"/> Sloped ___"	<input type="checkbox"/> Pitched ___"	Size of Largest ware washed			
Meals per day:		# of operators:		Hours of operation per day:			
Pieces per person:		Peak person/Hour		Peak pieces per hour:			

EXISTING UNIT INFORMATION

(Determine direction of operation by viewing the existing machine from the access door side)

Manufacturer:		Model:		Overall length:	
Direction of unit:	<input type="checkbox"/> R-L <input type="checkbox"/> L-R	Pre-wash tank:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Blower/Dryer unit:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Electrical supply:		Total amps:		# Electrical connections:	
Circuit Breakers:	<input type="checkbox"/> Yes <input type="checkbox"/> No	IF Yes:	<input type="checkbox"/> Top Mounted	<input type="checkbox"/> On Board	
Tank heat type:	<input type="checkbox"/> Electric	<input type="checkbox"/> Steam	Booster heat:	<input type="checkbox"/> Electric 40° 70°	<input type="checkbox"/> Steam
Incoming H ₂ O °F	___°F	IF STEAM – confirm steam pressure:		Heat Recovery:	<input type="checkbox"/> yes <input type="checkbox"/> No

WATER / VENTILATION INFORMATION

Incoming Water temperature:	___°F	Existing Ventilation-CFM Rating:	Load End:	Unload End:
Incoming water pressure:	___ PSI	Pant-Leg Ductwork:	___ C FM	___ C FM
Water Hardness:	___ GPG	Central Ductwork:	___ C FM	

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 length:	
Direction of unit:	<input type="checkbox"/> R-L <input type="checkbox"/> L-R	Pre-wash tank:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Electrical supply:		Total amps:	
Tank heat type:	<input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Steam	Booster heat:	<input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Steam
Heat Recovery:	<input type="checkbox"/> yes <input type="checkbox"/> No	Unit width:	<input type="checkbox"/> 24' <input type="checkbox"/> 29'
Special Instructions:		Wash Tank Length :	<input type="checkbox"/> 4' <input type="checkbox"/> 6' <input type="checkbox"/> 8'
Special Belt Requirement:			

INFORMATION REQUIRED

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

AUTHORIZED SERVICE AGENCY

ASA:		Contact name:			
Phone:		Fax:		Email address:	
Ship address:					
City:		State:		Zip:	
Parts in stock:	<input type="checkbox"/> Yes	<input type="checkbox"/> No			

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

