



REQUEST FOR QUOTATION

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@clemcoindustries.com** or fax to **800-726-7559**.

FOR CLEMCO INDUSTRIES USE ONLY OPP# _____ ESTIMATE# _____

What action is required?

- Budget Estimate NOTE: GA drawing to be provided, when requested, at firm proposal stage.
- Firm Proposal GA Drawing

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. metal fabrication job shop, manufacturing, etc.): _____

Why is this capital investment being considered?

Replacement of existing blast room Describe existing room equipment: _____

If replacing existing Clemco room, provide JO/PRJ reference number: _____

New process/product line

What is the stage of your blast facility planning?

Budgetary Approved

Indicate budgetary constraints: _____



What is the application?

Surface Preparation Coating Removal Finishing Cleaning Other _____

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

What parts will be processed in this facility?

Part Name(s): _____

Substrate Material: _____

LENGTH

Minimum	Maximum

DIAMETER

Minimum	Maximum

HEIGHT

Minimum	Maximum

WIDTH

Minimum	Maximum

WEIGHT

Minimum	Maximum

OTHER

Minimum	Maximum

(specify: _____)

◆ BLAST MEDIA

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: _____

◆ BLAST ROOM ENCLOSURE

Include in proposal: Yes No

If no, specify size and construction of room to be provided by others:

Long: _____ Wide: _____ High: _____ Construction: _____

Info about existing facility that Clemco should be aware of: _____

Info Needed for Blast Room Quote:

Desired Room Size *(Allow minimum of 4 feet around maximum size of part to be blasted)*

Long: _____ Wide: _____ High: _____

To be installed within another building *(standard)*

To be installed outdoors

Work Doors: One end only Both ends

Number of personnel door(s): _____ *(NFPA requires one personnel door per 30 ft of room length)*

Protective abrasive-resistant wall curtains: Yes No

Blast Room Lighting:

Ceiling Side Walls Both Ceiling and Side Walls

Standard (50 foot candles) Other (specify foot candles): _____

Power Supply — Is 277 voltage available ? Yes No



◆ **PART HANDLING/HANDLING TYPES**

NOTE: Whether or not Clemco will quote, please provide handling equipment info below.

By Clemco	By Others	Type of System
<input type="checkbox"/>	<input type="checkbox"/>	Work Car: Bed Size: _____ Capacity: _____ <input type="checkbox"/> Powered <input type="checkbox"/> Manual
<input type="checkbox"/>	<input type="checkbox"/>	Rails (RR): Gauge: _____ (<i>width of rail set</i>) Size: _____ Length: _____ <input type="checkbox"/> Recessed <input type="checkbox"/> Raised
<input type="checkbox"/>	<input type="checkbox"/>	Rails (inverted "V"): Gauge (<i>width of rail set</i>) Size: _____ Length: _____
<input type="checkbox"/>	<input type="checkbox"/>	Monorail Capacity: _____ Length: _____ Clearance: _____
<input type="checkbox"/>	<input type="checkbox"/>	Hoist Capacity: _____ <input type="checkbox"/> Fixed <input type="checkbox"/> Movable <input type="checkbox"/> Electric <input type="checkbox"/> Manual <input type="checkbox"/> Pneumatic
<input type="checkbox"/>	<input type="checkbox"/>	Other — specify: _____

Customer-supplied Forklift: Weight: _____ Capacity: _____ (*max load*)

Tire Size: _____ Tire Type: _____ (*max load*) Number of Tires: _____

◆ **RECOVERY SYSTEM**

Include in proposal Type to be recommended by Clemco
Provide sketch of desired layout; attach separate drawing.

Recovery Area: Full Floor Recovery Partial Floor Recovery

Recessed (*requires excavation*) specify water table: _____

Belt Conveyor Screw Conveyor 3x3 Hopper M-Section® Flat-Trak® (Full-floor recovery only)

Surface-mount (*requires no excavation*)

2x2 Wall-mount Flat-Trak® with ramp plates (Full-floor recovery only) M-section® with ramp plates

Grating: 250 lbs/sq ft 1,000 lbs/sq ft 2,000 lbs/sq ft Other - specify: _____

Vacuum Recovery (*in addition to floor recovery*): Yes No

◆ **BLAST AND SAFETY EQUIPMENT**

Total available compressed-air supply: _____ cfm at: _____ psi. Specify compressor HP: _____

Blast Machines

Include in proposal: Blast machine, remote controls, blast hose, nozzle and blast machine air filter

Existing

Specify Blast Machine—Capacity: _____ Quantity: _____

Safety Equipment

Include in proposal: Supplied-air respirator with air conditioner, breathing-air filter, leather gloves and blast suit

Specify Blast Suit Size: M L XL 2XL 3XL

Carbon Monoxide Monitor/Alarm: Fixed, wall-mounted Individual inside-respirator



◆ **DUST COLLECTION FOR ROOM VENTILATION**

Include in proposal

Required Ventilation Rate (*feet per minute through blast room enclosure*): _____

NOTE: Ventilation rate to be determined by ANSI standard Z9.4 table I based upon abrasive to be used.

Maximum Ambient Humidity: _____ %

HEPA Filter: Yes No

Dust Collector Location (inside or outside of building):

Inside building Outside without explosion venting Outside with explosion venting

Indicate Location (*Distance from Room*): _____

Dust collection is existing or to be provided by others (Describe below)

Specify: Brand: _____ Model: _____ CFM Rating: _____

Differential pressure (*Operating range*): _____ inches W.G.

Fan Static Pressure: _____ inches W.G.

◆ **ELECTRICAL CONTROLS**

Include in proposal

Control Panel

Electrical Requirements: NEMA 12 (std) UL CUL CE Other _____

230V, 3PH, 60HZ 460V, 3PH, 60HZ Other: _____ V _____ PH _____ HZ

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

◆ **OTHER CRITICAL INFORMATION NEEDED FOR QUOTE DEVELOPMENT**

Overall allocated space for this equipment (*It's very important to tell us about all limitations*)

Length: _____ Width: _____ Height: _____

Describe how this blast facility will integrate with other before and after processes.

Installation/Erection

By Clemco Contractor By Distributor Contractor By Others

Special Instructions or Requirements:

NOTE: When submitting this RFQ, attach a sketch of desired layout, indicating adjacent equipment and structural elements.

