

# 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 **info@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: _____ (width of rail set) Size: _____ Length: _____ <input type="checkbox"/> Recessed <input type="checkbox"/> Raised
<input type="checkbox"/>	<input type="checkbox"/>	Rails (inverted "V"): Gauge (width of rail set) 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.

Sketch recovery area and equipment location requirement (indicate dimensions)

A large grid for sketching recovery area and equipment location requirements. The grid is composed of small squares and is intended for drawing and indicating dimensions for a recovery area and equipment location.