

Request For Quotation – Industrial Blast Facilities (1 of 4)

GENERAL ARRANGEMENT DRAWING REQUIRED? Yes No

Distributor _____
 Address _____
 City/State/Zip _____
 Contact _____
 Phone _____ Fax _____

Date Submitted		Date Required	
Customer		Name	
Business/Industry		Business Classification (SIC Code)	
Address			
City/State/Zip			
Contact/Title			
Phone		Fax	
District Representative			

1. Name Part(s) to be Processed

Part Name: _____

LENGTH		DIAMETER	
Maximum	Minimum	Maximum	Minimum
WIDTH		WEIGHT	
Maximum	Minimum	Maximum	Minimum
HEIGHT		OTHER	
Maximum	Minimum	Maximum	Minimum

Part Name: _____

LENGTH		DIAMETER	
Maximum	Minimum	Maximum	Minimum
WIDTH		WEIGHT	
Maximum	Minimum	Maximum	Minimum
HEIGHT		OTHER	
Maximum	Minimum	Maximum	Minimum

2. Purpose of Blasting

Indicate removal of hazardous coatings/materials and specify:

What happens to part(s) after leaving blast room?

3. Current Processing Method

4. Special Instructions/Requirements



ENCLOSURE

Size: _____ Long x _____ Wide x _____ High

Construction: Standard 16 gauge Heavy Duty 10 gauge

To Be Installed: Inside Building Outdoors

Work Doors: One End Only Both Ends **Personnel Doors:** Yes No Quantity: _____

Abrasive Resistant Wall Liner: Yes No

Lighting: Ceiling Side Walls Both

Standard (50 Foot Candles) Other: _____ Foot Candles

BLAST EQUIPMENT

Compressed Air Supply: _____ Available cfm, _____ psi, _____ Compressor HP

Blast Machine(s): Quantity: _____ Blast Machine Capacity: (ea.) _____

Complete Blast Machine System

System includes:

- Stationary Blast Machine, remote controls, 50 ft. blast hose coupled, nozzle and moisture separator.
- Operator Safety Equipment including helmet with climate control, breathing air filter, blast suit (large), leather gloves.

Other than complete system, please list

Accessories: Air Dryer CO Alarm Compressor- _____ cfm, _____ psi, _____ HP

RECOVERY SYSTEM – Please sketch desired recovery layout in space provided on back page.

- Mechanical systems include bucket elevator and air wash abrasive cleaner.
- Pneumatic systems include transition and cyclone reclaimer.

Media To Be Used: _____ Mesh Size _____

Recovery Area: Full Partial (please sketch desired layout in space provided)

Recessed – depth of water table _____ Surface Mount

Recovery Area Dimensions: _____ Length X _____ Width

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

Type of Floor:

Flat Trak: Shed Plates Base Plates Cross Drive Module location Center End

Recessed Hopper 3x3 **Surface Mount Hopper 2x2**

Belt Conveyor **M-Section®** **Screw Conveyor**

DUST COLLECTION SYSTEM

To Be Supplied By Clemco

Ventilation Rate Required (Air Movement Through Room): _____ fpm

To Be Installed: Inside Building Outdoors

Indicate Location (Distance From Room): _____

Maximum Ambient Humidity: _____%

Existing or To Be Supplied By Others

Make: _____

Model: _____ cfm Rating: _____

Differential Pressure (Operating Range): _____ inches W.G.

Fan Static Pressure: _____ inches W.G.

WORKPIECE HANDLING SYSTEM

By Clemco	By Existing	By Others	Type of System
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fork Lift: Weight Capacity Tire Size Tire Type How Many Tires?
<input type="checkbox"/>	<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"/>	<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"/>	<input type="checkbox"/>	Rails (inverted "V"): Gauge (width of rail set) Length
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Monorail: Capacity _____ Length _____ Clearance _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hoist: Capacity _____ <input type="checkbox"/> Fixed <input type="checkbox"/> Moveable <input type="checkbox"/> Pneumatic <input type="checkbox"/> Electric <input type="checkbox"/> Manual
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____

ELECTRICAL CONTROLS

Control Panel Power Supply: _____ Volts, _____ Phase, _____ HZ

Electrical Classification: Standard NEMA-12 Other, please specify _____

Explosion Proof: Class _____ Division _____ Group _____

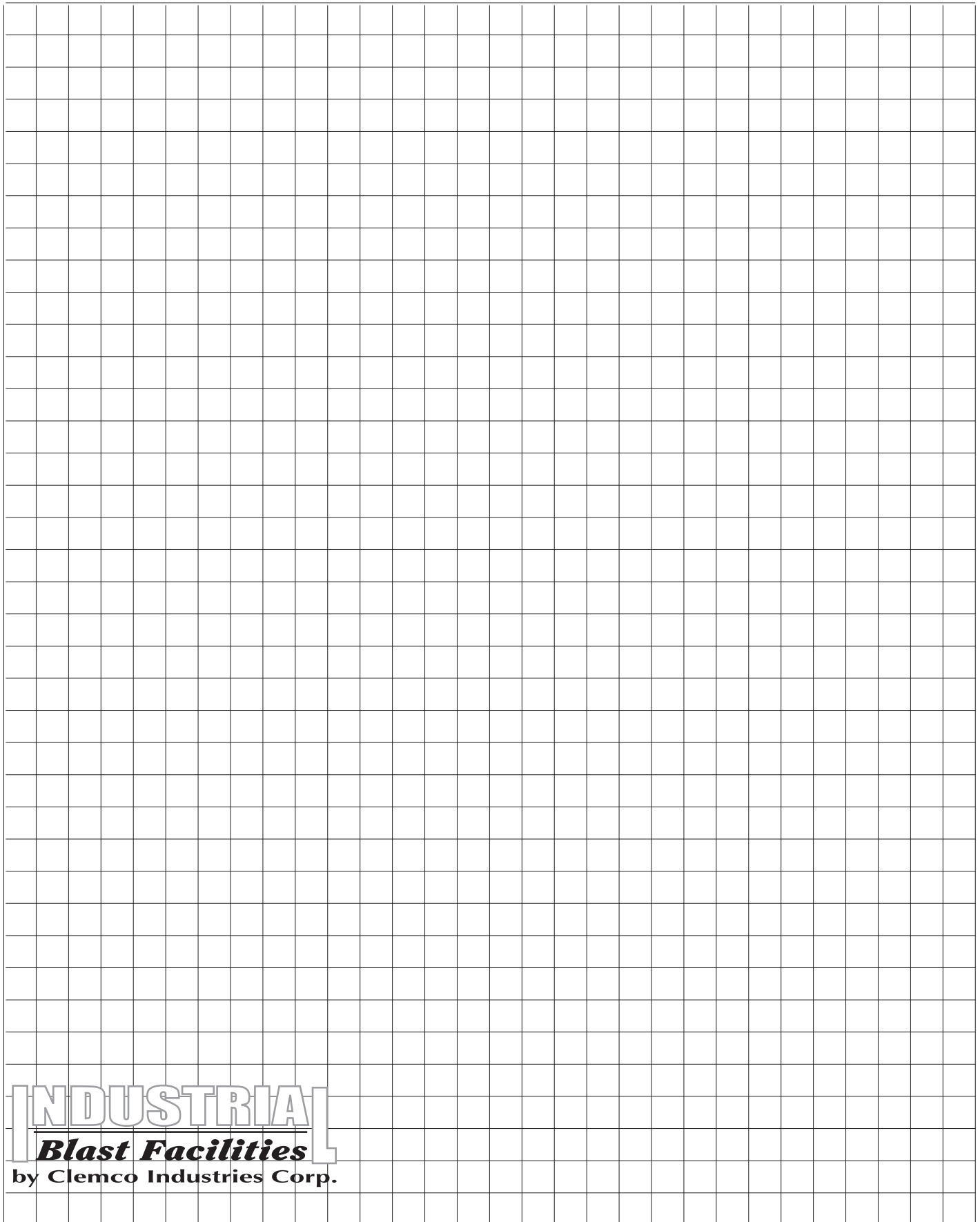
EQUIPMENT INSTALLATION

Erection: By Clemco Contractor By Distributor Contractor By Others

Site Preparation: By Clemco Contractor By Distributor Contractor By Others

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Sketch recovery area and equipment location requirements (indicate dimensions)

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

INDUSTRIAL
Blast Facilities
by Clemco Industries Corp.