

INDUSTRIAL CLEANING REQUEST FORM

PLEASE COMPLETE THE FOLLOWING INFORMATION AND CLICK SUBMIT

YOUR NAME: _____ COMPANY: _____

PHONE: _____ EMAIL: _____

REQUIRED RETURN DATE FOR THE EQUIPMENT: _____

PLEASE DESCRIBE THE EQUIPMENT SPECIFICATIONS

PHYSICAL DIMENSIONS AND WEIGHT – *(This is needed to ensure that the Equipment will fit inside the cleaning system - e.g. a specification drawing of the equipment.)*

EQUIPMENT CONSTRUCTION MATERIALS *(This is critical to ensure that the cleaning process is compatible with all materials of the equipment.)*

MAXIMUM ALLOWABLE WATER JET PRESSURE THAT CAN BE USED IN THE RINSING AND CLEANING PROCESS
(This information is used to ensure that the cleaning pressures used are safe for the equipment.) _____ psi

TYPE OF PROCESS IS THIS EQUIPMENT FROM:

WILL THE EQUIPMENT BE RINSED OR CLEANED IN ANY WAY PRIOR TO DELIVERY? YES NO

TESTING REQUIREMENTS

IRIS EDDY CURRENT OTHER _____

CLEAN AS NEW WILL ARRANGE TESTING? YES NO

IF NO, SPECIFY CLIENT TESTING CONTRACTOR: _____

TRANSPORTATION OF EQUIPMENT WILL BE PROVIDED AND ARRANGED BY: CLEAN AS NEW CLIENT

ADDITIONAL COMMENTS:

**SAFETY DATA SHEETS FOR ANY CHEMISTRIES PRESENT ON OR IN THE EQUIPMENT, INCLUDING RINSE AGENTS,
MUST BE INCLUDED WHEN YOU SELECT SUBMIT FORM**