

## Project questionnaire

1 COMPANY									
Company name:		Date:							
Address:									
Phone:	Fax:	E-mail:							
Contact person:		Information from:							
		Quotation to:							
QUOTATION BY:		EXPECTED DELIVERY:							
2 PRODUCT									
Item	pc.	L mm	W mm	H mm	weight kg	suspension			
						1 p.	2 p.	frame	
Number of pieces per: <input type="checkbox"/> hour <input type="checkbox"/> day <input type="checkbox"/> month <input type="checkbox"/> year									
Description of item (s) <input type="checkbox"/> Drawing enclosed <input type="checkbox"/> Leaflet enclosed									
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3	TRANSPORT SYSTEM
<input type="checkbox"/> Single conveyor <input type="checkbox"/> Power and Free <input type="checkbox"/> Manual conveyor <input type="checkbox"/> Other:	
Max. Item weight: _____ kg	
Typical weight: _____ kg	
Fixed speed: _____ m/min	
Step time: _____ min	
Operation time: <input type="checkbox"/> 1 shift <input type="checkbox"/> 2 shift <input type="checkbox"/> 3 shift	
Time for:      1. shift _____ h      2. shift _____ h      3. shift _____ h	
Hours / day _____      Work. days/ year _____      Effectivity _____%      Hours / year _____	
4	PRETREATMENT
<input type="checkbox"/> Continuous <input type="checkbox"/> Step <input type="checkbox"/> Dip <input type="checkbox"/> Other:	
Water treatment before plant <input type="checkbox"/> Demi-plant: <input type="checkbox"/> Osmosis plant - RO	
Waste treatment after plant <input type="checkbox"/> Direct to drain <input type="checkbox"/> Evaporator	
<input type="checkbox"/> process schedule enclosed (Time of process, materials of process, temperature)	
Chemical supplier: _____	
5	WATER DRYING
Steel drying time: <input style="width: 40px; height: 25px;" type="text"/> min by <input style="width: 40px; height: 25px;" type="text"/> °C      Max. temp. : <input style="width: 40px; height: 25px;" type="text"/> °C	
Alu. drying time: <input style="width: 40px; height: 25px;" type="text"/> min by <input style="width: 40px; height: 25px;" type="text"/> °C      Normal temp.: <input style="width: 40px; height: 25px;" type="text"/> °C	



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### 6 PAINT AND APPLICATION EQUIPMENT

Powder paint                       Liquid paint                       Other: \_\_\_\_\_

No. colours  pc.

Col. change/day  pc.

Booth/application supplier:

Customer

AABO-IDEAL

Method:

Automatic

Manuel

Semi-Automatic

Other info:

### 7 CURING

Steel drying time:

min by

°C

Max. temp.:

°C

Alu. drying time:

min by

°C

Normal temp.:

°C



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### 8 HEATING

	direct gas	indirect gas/ oil	el	Central heating	
Pre-treatment		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____°C
Drying oven	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Curing oven	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Natural gas     
  LPG gas     
  Diesel oil

Central heating water temperature.  Celsius.

### 9 ELECTRIC SPECIFICATIONS

3x400/230V - 50HZ - N - J      
 3x\_\_\_\_/\_\_\_\_V - \_\_\_\_HZ - \_\_\_\_ - \_\_\_\_  Only write in if something special.

### 10 DELIVERY TERMS (INCOTERMS 2010)

FCA – DK 5600/5700     
  FOB     
  CIF

Container     
  Other:

### 11 INSTALLATION - MECHANICAL

100% Customer     
  AABO-IDEAL supervision install.     
  100% AABO-IDEAL

Other info:



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### 12 INSTALLATION - ELECTRIC

<input type="checkbox"/> 100% Customer	<input type="checkbox"/> AABO-IDEAL supervision install.	<input type="checkbox"/> 100% AABO-IDEAL
Electrical material supply	<input type="checkbox"/> Customer	<input type="checkbox"/> AABO-IDEAL

### 13 CONNECTIONS - EXTERNAL

	Customer		Customer	AABO-IDEAL
Gas installation	<input type="checkbox"/>	Water	<input type="checkbox"/>	
Oil installation	<input type="checkbox"/>	Vent. pipe	<input type="checkbox"/>	<input type="checkbox"/>
Central heating	<input type="checkbox"/>	Hot water boiler	<input type="checkbox"/>	<input type="checkbox"/>

### 14 FACTORY BUILDING

<input type="checkbox"/> Existing factory	<input type="checkbox"/> New building		
We prefer to have drawing in DWG.	<input type="checkbox"/> PDF	<input type="checkbox"/> DWG/DXF (Preferable)	<input type="checkbox"/> Other:

L x W=  m x  m

Height below beam  m

Height below roof  m



## Project questionnaire

Sketch: NB: please show parts in and out in the hall.

Hall plan:

