

800-404-2311

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1500 Scottsdale Ct, Ste. 100, Elgin, IL 60123

INDUSTRIAL CRATE WASHER RFQ

Company: _____ Same as Project Location: Yes _____ No _____

Address: _____

City: _____ State: _____ Zip: _____

Contact: _____ Title: _____

Phone: _____ Email: _____

PRODUCT TO BE CLEANED IN WASHER

	(L)	(W)	(H)	DAILY	WEEKLY	MONTHLY	QTRLY	6-12 MON
1) Crate/Tote	_____	_____	_____	_____	_____	_____	_____	_____
2) Crate/Tote	_____	_____	_____	_____	_____	_____	_____	_____
3) Crate/Tote	_____	_____	_____	_____	_____	_____	_____	_____
4) Crate/Tote	_____	_____	_____	_____	_____	_____	_____	_____
5) Crate/Tote	_____	_____	_____	_____	_____	_____	_____	_____
6) Crate/Tote	_____	_____	_____	_____	_____	_____	_____	_____

Images, Make, Model, Brand of items to be washed required; contact PHS Hygiene if NDA is required.

TYPES OF CONTAMINATION OR RESIDUE ON ITEMS

	N/A	NORMAL	STRONG
Blood	_____	_____	_____
Proteins / Fat	_____	_____	_____
Meat or Poultry Particles	_____	_____	_____
Seafood Particles	_____	_____	_____
Industrial Oils	_____	_____	_____
Food Oils	_____	_____	_____
Dry Ingredient/Powders	_____	_____	_____
Wet Ingredients/Marinades	_____	_____	_____
Floor Dirt/Dust	_____	_____	_____
Harvest Field Dirt/Dust	_____	_____	_____
Stickers or Labels	_____	_____	_____
Other item: _____	_____	_____	_____

Please explain further if any item is unique, requires special attention, or is not listed:

OPTIONS / ACCESSORIES / ADDITIONAL REQUIREMENTS OR REQUEST

	YES	NO	OPTION
One-Person Operation	_____	_____	_____
Mobile/Casters	_____	_____	_____
Light Duty Blow Off Dryer	_____	_____	_____
Heavy Duty HI Velocity Dryer	_____	_____	_____
Noise Containment, not all models	_____	_____	_____
Rotating Filter Upgrade, not all models	_____	_____	_____
Chemical Dosing on Wash	_____	_____	_____
Chemical Dosing on Rinse	_____	_____	_____
Vapor Exhaust Fan(s)	_____	_____	_____
Small Parts Basket, not all models	_____	_____	_____
Input Table Extension	_____	_____	_____
Exit Table Extension	_____	_____	_____
Adjustable Conveyor Drive VFD	_____	_____	_____
Door Safety Latches	_____	_____	_____

HEATING OR RESOURCES REQUIRED OR AVAILABLE

	YES	NO	OPTION
Heating by Electric Element	_____	_____	_____
Heating by Steam Injector	_____	_____	_____
Heating by Hot Water Coil	_____	_____	_____
Heating by External Boiler	_____	_____	_____
Cold Water Use Only	_____	_____	_____

AVAILABLE RESOURCES OR CONNECTIONS

	YES	NO	OPTION
Hot Water Temp	_____	_____	_____
Cold Water Temp	_____	_____	_____
Drain Size	_____	_____	_____
Exhaust Duct / HVAC	_____	_____	_____
Power Source	_____	_____	_____
Room Layout	_____ Provided		_____ Not Provided