



800-404-2311

sales@phshygiene.com

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

**VMEG WASHER RFQ**

Company: \_\_\_\_\_ Same as Project Location: Yes \_\_\_\_\_ No \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**PRODUCT TO BE CLEANED IN WASHER**

PLEASE CHECK ONE:	DAILY	WEEKLY	MONTHLY	QTRLY	6-12 MON
400 lb. Stainless Vmeg Buggie	_____	_____	_____	_____	_____
600 lb. Stainless Vmeg Buggie	_____	_____	_____	_____	_____
Other: _____	_____	_____	_____	_____	_____

*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:

\_\_\_\_\_



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**OPTIONS / ACCESSORIES / ADDITIONAL REQUIREMENTS OR REQUEST**

	<b>YES</b>	<b>NO</b>	<b>OPTION</b>
Floor Level Machine	_____	_____	_____
Conveyor Line Machine	_____	_____	_____
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**

	<b>YES</b>	<b>NO</b>	<b>OPTION</b>
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**

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