

Custom Drying Oven Quote Form

1. **PROCESS** (Description): _____

2. **MATERIAL HEATED:** _____

Size: _____ Weight: _____ Thickest Cross Section: _____

Condition of Pieces: Wet Dry Oily Other (explain under comments)

3. **FLAMMABLE SOLVENTS OR VAPORS INVOLVED IN PROCESS**

Type: _____ Amount: _____ gallons per batch (or per hour of continuous processing)

4. **INERT ATMOSPHERE** (if required): Nitrogen Argon Other (explain under comments)

6. **TEMPERATURE**

Operating Temperature: _____ °F Maximum Temperature: _____ °F

Required Dwell Time at Operating Temperature: _____ (Include time for parts to heat up; assume preheated equipment)

This information must be supplied for continuous processing such as belt and conveyor or rotary hearth.

Required Uniformity within Workspace: _____

6. **MATERIAL HANDLING**

Batch: Shelf Tray Basket Fixture Other (explain under comments)

Quantity of Parts: _____ per Batch or Production Rate

Continuous: Belt Conveyor Rotary Hearth Roller Hearth Chain Conveyor Other (explain under comments)

Length Load Zone: _____ Length Unload Zone: _____

Pass Line: _____ Production Rate: _____

Length Cooling Zone: _____ Exit Temperature from Cooling Zone: _____ °F

7. **CLEAN ROOM/PHARMACEUTICAL**

- | | | |
|------------------------------------------------------|---------------------------------------------------------------------------------|---------------------------------------------------------------|
| <input type="checkbox"/> backwelded seams | <input type="checkbox"/> #4 brushed stainless steel exterior | <input type="checkbox"/> door at both ends for pass through |
| <input type="checkbox"/> door locks/interlock | <input type="checkbox"/> HEPA fresh air inlet | <input type="checkbox"/> alarms for filters/temperature |
| <input type="checkbox"/> pressurizing blower | <input type="checkbox"/> automation depyrogenation cycle | <input type="checkbox"/> motorized intake and exhaust dampers |
| <input type="checkbox"/> one pass granulation drying | <input type="checkbox"/> front welded ground seams 1/2" radius interior corners | |

8. **DESIGN**

Type of Equipment: _____ Similar to Standard Model: _____

Work Space Size: _____ Wide x _____ Deep x _____ High

Air Flow: Horizontal Combination Vertical Up Vertical Down Other (explain under comments)

Special Features: _____



Custom Drying Oven Quote Form (continued)

9. SPECIFICATIONS APPLICABLE:

Condition of Pieces: JIC FM IRI MIL Military Specification # _____

10. SERVICES

Electrical Service: _____ Volts 1 or 3 Phase 50 or 60 Hz

To Be Heated By: Electric Natural Gas Propane Steam Other (explain under comments)

11. EQUIPMENT TO BE INCLUDED IN BASE PRICE: _____

12. EQUIPMENT TO BE INCLUDED AS OPTIONS: _____

13. BUILDING DATA

Smallest Opening through which unit must pass: _____ Wide x _____ High
Don't forget doorways, elevators and existing machinery, pipes, or ducts.

Floor space Limitations: _____ Wide x _____ Deep

Headroom Limitations: _____

Floor or Elevator Load Limitations: _____

14. ADDITIONAL COMMENTS OR EXPLANATIONS: _____

Date: _____ Quantity: _____ Phone: (_____) _____ Fax: (_____) _____

Name: _____ Title: _____

Company Name: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

