



QUESTIONNAIRE FORM FOR SHOT BLASTING MACHINE

1. CONTACT PERSON INFORMATION

Name/Title:	Company:
Cell phone:	Phone:
Email:	Fax:
Address:	

2. BLASTED MATERIAL INFORMATION

a. Description of Process, Purpose & Industry

Industry:

Description of Process:

Processed Material:

Hardness:

b. Dimension of Blasted Material

Blasted Material	Height	Width	Length	Weight	Diameter	Wall Thickness
Sections	min (mm)					
	Max (mm)					
Sheet Metal	min (mm)					
	Max (mm)					
Piece Material	min (mm)					
	Max (mm)					

c. Condition of parts prior to blasting

Washed Dry Covered with oil/coolant Shavings

Sharp Edges Painted/Coated Flashes

Share of sand in/on parts (%):

Material temperature on stock (°C):

Other (Please describe):



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d. Production

Blasting Capacity:	<input type="checkbox"/> t/h	<input type="checkbox"/> pcs/h	<input type="checkbox"/> m ² /min
Number of working shifts:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Production share:	Share (%)	Production (m ² /kg)	
	Sections		
	Sheet Metal		
	Piece Material		

e. Required Finish

<input type="checkbox"/> De-sanding	<input type="checkbox"/> Paint stripping	<input type="checkbox"/> Descaling/De-rusting
<input type="checkbox"/> Pre-paint finish	<input type="checkbox"/> Deburring/Deflashing	
Required Roughness:	<input type="checkbox"/> R _a	<input type="checkbox"/> R _z
Required Cleanliness:		
Other (please describe):		
Abrasive media which is used or should to be used		
<input type="checkbox"/> Steel Shot	<input type="checkbox"/> Steel grit	<input type="checkbox"/> Aluminum Oxide
<input type="checkbox"/> Glass Bead	<input type="checkbox"/> Plastic	<input type="checkbox"/> Other:
Abrasive size:	<input type="checkbox"/> Mesh	<input type="checkbox"/> mm

3. GENERAL TECHNICAL INFORMATION

a. Existing Equipment Installations

Existing Process	<input type="checkbox"/> Mechanical	<input type="checkbox"/> Chemical	<input type="checkbox"/> Other:
Existing Process Description:			
Existing transport system (roller conveyor, hooks, belt conveyor, etc.):			
Existing Dust Collector system	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
If yes, Specify Type:	Exhausting capacity:	<input type="checkbox"/> Ex-proof	
If No, Need to quote	<input type="checkbox"/> Dry	<input type="checkbox"/> Ex-proof	<input type="checkbox"/> Wet
Comments:			



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b. Existing Infrastructure

Electric power supply (kW):	Phase:
Wiring on site Voltage (V):	Frequency (Hz):
Pressure air 6 bar (m ³ /min):	

c. Environmental Condition

Building layout	<input type="checkbox"/> With roof closed	<input type="checkbox"/> Only roof
Plan Area Availability (m)	Length:	Width:
	Height:	Pit/Depth:
Working Temperature (°C):	Min:	Max:
Average humidity (%):		
<input type="checkbox"/> Danger of floor water		
<input type="checkbox"/> Other (Please specify)		

d. Options

<input type="checkbox"/> PLC control system	<input type="checkbox"/> Integration with existing Production line
<input type="checkbox"/> Mechanical Shaker Bag filter	<input type="checkbox"/> Cartridge Bag filter
<input type="checkbox"/> Automatic Abrasive adder	<input type="checkbox"/> Extra Lining
<input type="checkbox"/> Extra Sealing	<input type="checkbox"/> Automatic Loading & Unloading system
<input type="checkbox"/> Other (Please specify)	

e. Any other specific information & requirements: (may attach separate sheet or files)

Issued by:

Approved by: