Submitted By: Click or tap here to enter text.

LPI / PT New Equipment Checklist

Date: Click or tap to enter a date.

# Company Information

Company Name: Click or tap here to enter text.

Address: Enter text

City: Enter text State: Enter text Zip: Zip

Country: Click or tap here to enter text.

Contact Name: Click or tap here to enter text.

E-mail Address: Click or tap here to enter text.

Phone Number: Click or tap here to enter text.

Country of Installation: Click or tap here to enter text.

Address of Installation (if different): Click or tap here to enter text.

# Project Information

Project Budget: Click or tap here to enter text.

Expected Purchase Date: Click to enter a date.

Expected Delivery Date: Click to enter a date.

# Part Description

Part Description: Click or tap here to enter text.

Largest Part Dimensions: (Length, inches) Click or tap here to enter text.

(Width / Dia., inches) Click or tap here to enter text.

(Height, inches) Click or tap here to enter text.

Maximum Part Weight, specify unit of measure: Click or tap here to enter text.

# Process Description

Part Manufacturing Process: Click or tap here to enter text.

Available square footage for system: Click or tap here to enter text.

Specification Requirements: Choose an item.

Penetrant Method (Water wash, Solvent removable, Lipophilic, Hydrophilic):Choose an item.

If Water wash or Solvent Removable, is it fluorescent or nonfluorescent? Fluorescent

Sensitivity Level Required: Choose an item.

Developer Required (Wet or Dry): Choose an item.

If wet, is it water soluble or water suspendible? Water Soluble

If dry, is it manually applied or dynamic cloud? Manually Applied

Expected Run Rate (Parts per Hour.): Click or tap here to enter text.

# Equipment Requirements

Standard Model:  ZA-1227  ZA-1633

Custom Model:  ZY-2436  ZY-4040  ZY-3448  ZY-3472  ZY-5472

Other (Define Dimensions) Click or tap here to enter text.

Part Process:  Operators move parts station to station  
  Overhead Crane

1. **Penetrant Station**

|  |  |  |  |
| --- | --- | --- | --- |
| Options: | Work Surface | Power Lowerator | Split Roof for overhead crane |
| Dip  Spray | Rollers  Grated | Yes (Requires Dip) No | Yes  No |

1. **Dwell / Rest Station 1**

|  |  |
| --- | --- |
| Length | Work Surface |
| ft | Rollers  Grated |

1. **Rinse Station**

|  |  |  |  |
| --- | --- | --- | --- |
| Options: | Work Surface | Power Lowerator | Split Roof for overhead crane |
| Tank Type  Table Top | Rollers  Grated | Yes  No | Yes  No |

1. **Drain Station**

|  |  |
| --- | --- |
| Options: | Work Surface |
| Tank Type  Table Top | Rollers  Grated |

1. **Dryer Station**

|  |  |  |
| --- | --- | --- |
| Options: | Work Surface | Split Roof for overhead crane |
| Tunnel Type  Front Load  Top Load | Rollers  Grated | Yes  No |

1. **Developer Station**

|  |  |  |
| --- | --- | --- |
| Options: | Work Surface | Split Roof for overhead crane |
| Tunnel Type  Front Load  Top Load | Rollers  Grated | Yes  No |

1. **Dwell / Rest Station 2**

|  |  |
| --- | --- |
| Length | Work Surface |
| ft | Rollers  Grated |

1. **Inspection Station**

|  |  |  |  |
| --- | --- | --- | --- |
| Working Area | Work Surface | UV Lamps | Split Roof for overhead crane |
| Length:  Width: | HDF  Rollers  Grated | ST700  EV6500  EV6000  Quantity: | Yes  No |

Drain Quantity: Click or tap here to enter text.

Rest Quantity(Stations and parts): Click or tap here to enter text.

# For Office Use Only

Customer Number: Click or tap here to enter text.

Quote Number: Click or tap here to enter text.

Purchase Order Number: Click or tap here to enter text.

Estimated Ship Date ARO: Click or tap here to enter text.

Pain Points to Address: Click or tap here to enter text.

Industry Segment: Choose an item.

Behavioral Segment: Choose an item.

Enter opportunity into Salesforce: [Instructions here](https://itwconnect.sharepoint.com/sites/MX/SLS/Salesforce/Opportunities.aspx)