

Conveyor Oven RFQ Form

Please download this editable PDF to your computer. Once you have filled out all the fields, save your work and send it to ovensales@lewcoinc.com. Or fax a printed version to 419.625.1247

Company: _____

Contact: _____

Address: _____

City, State or Province: _____

Zip or Postal Code: _____ Country: _____

Email: _____

Phone: _____ Fax: _____

Project Reference: _____

Timeframe for: Quote _____ Purchase _____

Pricing Requirement: Budget Firm

(Please note, all LEWCO Ovens are positive pressure)

1. What is your application? Annealing Baking Curing Drying Pre-Heating

Other: _____

a. If drying, how much water is being evaporated? _____

2. What is the product to be heated?

a. Dimensions: _____

b. Weight: _____

c. Is product on trays or slave pallets? Yes No

3. What is the required width of the conveyor? _____

4. What is the required length of the oven **OR** what is the required time the product must be in the oven? *(Please note, there is a gradient zone on each end of the oven)*

5. Conveyor speed or rate:

Continuous: _____ inches/ minute

Indexing

Index Frequency: _____ minutes

Dwell Time: _____ minutes

6. Is there a known controlled or critical temperature the product must reach? Yes No

a. Does the product need to reach a critical temperature or be exposed to a set temperature?

b. If yes, is there a controlled rate or critical time requirement to bring the product up to temperature?

7. How long must the product be subjected to operating temperature (“soak” or dwell time)?

8. What is the required height inside the oven? _____

9. What is the maximum required operating temperature (max. oven set-point)? _____ °F °C

10. What is preferred heating medium? Direct Fired Natural Gas Electric Steam/ Hot Oil

Other: _____

11. Are any solvents, flammable volatiles, or combustible materials present? Yes No

**If yes, you will need a “Class A” Oven under NFPA 86 Standard for Ovens & Furnaces*

a. If solvents are present, what is the quantity or “solvent load”? _____ (gal./ minute)

b. What is the solvent? _____

12. Do you require temperature uniformity? Yes No

a. If yes, what is the tolerance? +/- _____ °F °C

13. Are multiple temperature zones required? Yes No

a. If yes, please explain:

14. Does the process require a cooling zone? Yes No

a. If yes, please explain:

15. What is the supply voltage? 480/3/60 Other: _____

16. What is the preferred airflow pattern?

Dual (Combination) Horizontal Vertical Up/Down Dual Vertical

Other: _____

17. Conveyor preference? Wire Mesh Belt Chain & Slat Roller No Preference/ Not Sure

a. If not sure, please describe the bottom surface of the product or container that will come in contact with the conveyor (i.e. flat, rigged, etc.):

18. How is the oven loaded/ unloaded? Another Conveyor Robot Manually

Other: _____

19. LEWCO's standard load/ unload height at the entrance and exit of the oven is 30" to top of conveyor. Is this suitable for your application? Yes No

a. If no, please specify height requirements: _____

20. What is the required conveyor length at the entrance and exit of the oven? (*Please specify units of measure*)

a. Entrance length: _____

b. Exit length: _____

21. What kind of covers do you require for the entrance/ exit openings of the conveyor?

- Strip Curtains Adjustable Insulated Plates Vertical Lift Guillotine Doors Open, no covers

22. Finish? Standard alkyd enamel Premium finish for corrosive environments

- a. **Color?** Blue Gray Custom (RAL# _____)

23. Do you require any additional options?

- Data Logger
 Chart Recorder
 Zero Speed Switch for Fan(s)
 Exhaust Fan
 Exhaust Hoods
 Third Party Inspection (*i.e. CSA, U/L, etc.*)
 Other Requirements:

24. Will the equipment be installed in the USA or be exported? USA Exported

- a. If exported, please provide shipping port: _____
b. If exported, do you require export crating? Yes No

25. Who is responsible for shipment? LEWCO Customer

- a. If LEWCO, please provide a shipping address for freight quote:

Same address as above

Address: _____

City, State, or Province: _____

Zip or Postal Code: _____

26. Who is responsible for the equipment installation?

- a. If LEWCO, in what capacity?
- b. Is non-union labor acceptable?
- c. Do you require a budgetary installation quote?

- | | |
|--------------------------------|--------------------------------------|
| <input type="checkbox"/> LEWCO | <input type="checkbox"/> Customer |
| <input type="checkbox"/> Total | <input type="checkbox"/> Supervision |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |

27. Please indicate any physical space limitations of the installation location:

28. Please provide any additional information, requirements, or questions:

Thank you for this opportunity!