



Air Knife Application Guide General Questionnaire

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Customer Information:

		Date	<input type="text"/>
Company Name	<input type="text"/>	Contact Name	<input type="text"/>
Address	<input type="text"/>	Contact Title	<input type="text"/>
City	<input type="text"/>	Phone Number	<input type="text"/> Ext. <input type="text"/>
State / Province	<input type="text"/>	Mobile / Pager Number	<input type="text"/>
Zip	<input type="text"/>	Fax Number	<input type="text"/>
Country	<input type="text"/>	Email Address	<input type="text"/>

How did you hear about Velocity Industrial, LLC?

Trade Magazine	<input type="checkbox"/>	Tradeshow	<input type="checkbox"/>		
Search Engine	<input type="checkbox"/>	Referral	<input type="checkbox"/>	Other	<input type="text"/>

Please describe your application or requirement

Drying	<input type="checkbox"/>	Coating Control	<input type="checkbox"/>	<input type="text"/>
Coating Drying	<input type="checkbox"/>	Cooling	<input type="checkbox"/>	
Static Control	<input type="checkbox"/>	Debris Blow-Off	<input type="checkbox"/>	
		Other	<input type="checkbox"/>	

Describe the item or product

Description

	Length	Width	Height	Diameter		inch	<input type="checkbox"/>	mm	<input type="checkbox"/>
Dimensions	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>					
Temperature	<input type="text"/>		°F	<input type="checkbox"/>	°C	<input type="checkbox"/>			
Smooth Surface	<input type="checkbox"/>	Thru Holes	<input type="checkbox"/>	Pockets	<input type="checkbox"/>				
Rough Surface	<input type="checkbox"/>	Blind Holes	<input type="checkbox"/>	Crevices	<input type="checkbox"/>				
Channels	<input type="checkbox"/>	Protrusions	<input type="checkbox"/>	Ribs	<input type="checkbox"/>				
Grooves	<input type="checkbox"/>	Other	<input type="text"/>						

Describe the material to be removed

Tap Water	<input type="checkbox"/>	Contaminants	<input type="checkbox"/>	Acids / Caustics	<input type="checkbox"/>
D.I. Water	<input type="checkbox"/>	Dust	<input type="checkbox"/>	Coatings	<input type="checkbox"/>
Coolants / Lubricants	<input type="checkbox"/>	Wash Solution	<input type="checkbox"/>	Other	<input type="text"/>

What are the properties of the liquid?

Temperature °F °C

% Solution of

What surfaces require drying or liquid removal?

All Surfaces	<input type="checkbox"/>	Left Side	<input type="checkbox"/>	Front	<input type="checkbox"/>
Top	<input type="checkbox"/>	Right Side	<input type="checkbox"/>	Back	<input type="checkbox"/>
Bottom	<input type="checkbox"/>	Other	<input type="text"/>		

I can provide the following upon request

Sample Part	<input type="checkbox"/>	CAD Solid	<input type="checkbox"/>	Nothing	<input type="checkbox"/>
Digital Photo	<input type="checkbox"/>	Drawing / Sketch		Other	<input type="text"/>

Describe the method of conveying

Flat Belt	<input type="checkbox"/>	Reel to Reel	<input type="checkbox"/>	Roller	<input type="checkbox"/>
Chain Mesh	<input type="checkbox"/>	Overhead	<input type="checkbox"/>	Other	<input type="text"/>
Cable / Chain	<input type="checkbox"/>	Hoist	<input type="checkbox"/>		
Continuous	<input type="checkbox"/>	Metal	<input type="checkbox"/>	Plastic	<input type="checkbox"/>
Indexed Motion	<input type="checkbox"/>	Dwell Time	<input type="text"/>	Other	<input type="text"/>
% Open Area	<input type="text"/>				
Roller Diameter	<input type="text"/>	Roller Pitch	<input type="text"/>		
Width	<input type="text"/>	inch	<input type="checkbox"/>	mm	<input type="checkbox"/>
Speed	<input type="text"/>	fpm	<input type="checkbox"/>	m/m	<input type="checkbox"/>
				Parts / min	<input type="checkbox"/>

Describe the orientation of the container/product and direction of travel.

Description

What is the next process?

Description

What are you currently using for drying, blow-off, pick and place, vacuum generation, etc.?

Description

What method do you use to determine the success of the drying, blow-off, placement, etc.?

Description

What are the problems and costs associated with the current method?

Quality problems	<input type="checkbox"/>	Extra conveyor runs	<input type="checkbox"/>	Excessive labor costs	<input type="checkbox"/>
Decreased production	<input type="checkbox"/>	Excessive energy costs	<input type="checkbox"/>	Other	<input type="text"/>

What 3 phase electrical power is available?

Volts 50 Hz 60 Hz

What are the plant conditions?

Altitude	<input type="text"/>	feet	<input type="checkbox"/>	meters	<input type="checkbox"/>
Temperature	<input type="text"/>	°F	<input type="checkbox"/>	°C	<input type="checkbox"/>

How many lines do you have?

No. of lines	<input type="text"/>				
No. of shifts	1 Shift <input type="checkbox"/>	2 Shifts	<input type="checkbox"/>	3 Shifts	<input type="checkbox"/>

When do you plan to purchase this system?

Purchase Date