

Parameters should be identified which will be used to design the system. If ranges are given, worst case conditions will be calculated.



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SYSTEM QUESTIONNAIRE SPECIALTY GLASS INDUSTRY

INDICATE ACTION REQUIRED:		STATUS OF THE PROJECT:	
<input type="checkbox"/> Firm Quote	<input type="checkbox"/> Budget Quote	<input type="checkbox"/> Feasibility Study	<input type="checkbox"/> Definite Requirement This Year
<input type="checkbox"/> Laboratory Test	<input type="checkbox"/> Process Evaluation	<input type="checkbox"/> Requirement Next Five Years	<input type="checkbox"/> Other _____

COMPANY _____ DATE _____
 ADDRESS _____ TEL # _____
 _____ FAX # _____
 CUSTOMER NAME & TITLE _____ E-MAIL _____
 FORM COMPLETED BY AND TITLE _____

■ HEATING PROCESS REQUIRED:

DRY/CURE COATING BENDING FIRING/TEMPERING
 OTHER _____

■ PRODUCT SIZE:

MAX. SIZE: WIDTH _____ IN. LENGTH _____ IN. THICKNESS _____
 MIN. SIZE: WIDTH _____ IN. LENGTH _____ IN. THICKNESS _____

■ COATING:

TYPE OF COATING _____ MANUFACTURER _____ INK # _____
 WET THICKNESS _____ % COVERAGE _____

■ METHOD OF COATING: SCREEN PRINT ROLL COAT SPRAY OTHER _____

■ IS PREHEAT REQUIRED? YES NO IF YES, FROM _____ °F TO _____ °F

■ IS COOLING REQUIRED? YES NO IF YES, FROM _____ °F TO _____ °F

■ TIME ALLOWED FOR COOLING _____

■ PRESENT PRODUCTION RATE _____ PER MINUTE. **DESIRED PRODUCTION RATE** _____ PER MINUTE

■ TYPE OF CONVEYOR SYSTEM DESIRED _____ **BATCH SIZE** _____

■ TYPE OF TEMPERATURE CONTROL SYSTEM DESIRED: _____

■ PRESENT PROCESSING EQUIPMENT: TYPE _____

KW/OUTPUT _____ CONSUMPTION/HR _____

REVERSE SIDE

BTU/HR OUTPUT _____ CONSUMPTION/HR _____

CONTINUED

■ ENERGY COST: ELECTRICITY: \$ _____/KW/HR CONSUMPTION + \$ _____ KW DEMAND
NATURAL GAS: \$ _____/1000 CUBIC FEET
OTHER: _____

- TEMPERATURE RISE OF PRODUCT (IF KNOWN) FROM _____ EF TO _____ EF
- DISTANCE AVAILABLE IN MACHINE DIRECTION FOR CASSO-SOLAR INFRARED HEATER SYSTEM _____
- HEIGHT: FLOOR TO CEILING AVAILABLE FOR INSTALLATIONS _____
- PLANT VOLTAGE(S) AVAILABLE _____ POWER AVAILABLE _____
- INSURANCE CARRIER, IF APPROVAL IS REQUIRED FOR INSTALLATION _____
- LIMITING FACTORS SUCH AS CRITICAL PRODUCT TEMPERATURE, PROCESS PARAMETERS, ETC.

■ OTHER DESIGN CONSIDERATIONS:

■ PLEASE SKETCH LOCATION FOR PROPOSED EQUIPMENT

■ BRIEFLY DESCRIBE WHY THERE IS A NEED FOR A CHANGE IN EQUIPMENT:

NOTE: IN ORDER TO EXACTLY DETERMINE YOUR CASSO-SOLAR HEATER SYSTEM, PLEASE INCLUDE SAMPLES OF YOUR PRODUCT FOR TESTING IN OUR LABORATORY. A FINISHED SAMPLE SHOULD ALSO BE INCLUDED FOR A TEST STANDARD.