



Air Knife Application Guide General Questionnaire

(Visit www.sonicairsystems.com for industry specific questionnaire)



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 Sonic?

Trade Magazine <input type="checkbox"/>	Thomas Register <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"/>	
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 part

Description

	Length	Width	Height	Diameter		
Dimensions	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	inch <input type="checkbox"/>	mm <input type="checkbox"/>
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?

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 <input type="checkbox"/>	Other <input type="text"/>

Describe the conveyor

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 part and direction of travel.

Description

What is the next process?

Description

What are you currently using for drying or blow-off?

Description

What method do you use to determine the success of the drying or blow-off?

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