



INSTALLATION SURVEY

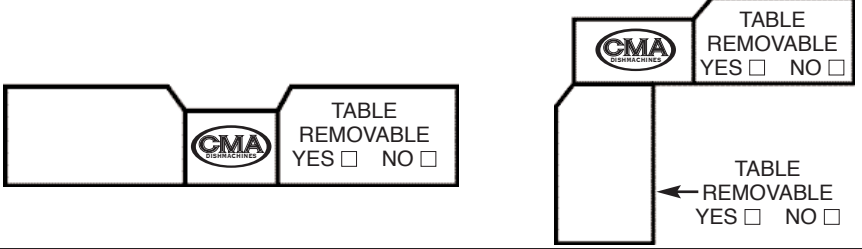
Date _____

ACCOUNT INFORMATION

ACCOUNT NAME _____ PHONE # _____
 STREET ADDRESS _____ FAX # _____
 CITY, STATE, ZIP _____ CONTACT PERSON _____

CURRENT DISHMACHINE INSTALLATION INFORMATION

CURRENT DISHMACHINE: MAKE _____ MODEL _____ VOLTAGE _____ PHASE _____ AMPS _____	BOOSTER HEATER: MAKE _____ GAS _____ ELECTRIC _____ PHASE _____ AMPS _____	HOT WATER HEATER: MAKE _____ SIZE _____ RECOVERY RATE _____ TEMPERATURE _____ GAS <input type="checkbox"/> ELECTRIC <input type="checkbox"/>
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NEW DISHMACHINE INSTALLATION INFORMATION

CMA MODEL _____ NEW <input type="checkbox"/> USED <input type="checkbox"/> SERIAL # _____	VOLTAGE 110V <input type="checkbox"/> 220V <input type="checkbox"/> AMPS AVAILABLE _____ CONDUIT YES <input type="checkbox"/> NO <input type="checkbox"/> DISTANCE TO ELECTRICAL CONNECTION _____	DRAIN _____ OPEN <input type="checkbox"/> CLOSED <input type="checkbox"/> COPPER <input type="checkbox"/> IRON <input type="checkbox"/> PVC <input type="checkbox"/> PIPE SIZE _____ OTHER _____	TABLES _____ YES <input type="checkbox"/> NO <input type="checkbox"/> TABLE SIZE REQUIRED SOILED _____ L <input type="checkbox"/> or R <input type="checkbox"/> CLEAN _____ L <input type="checkbox"/> or R <input type="checkbox"/>
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PRE-RINSE: YES <input type="checkbox"/> NO <input type="checkbox"/> TYPE OF BACKSPLASH MOUNT: DECK <input type="checkbox"/>	INCOMING WATER SUPPLY: PIPE SIZE _____ COPPER <input type="checkbox"/> GALVANIZED <input type="checkbox"/> PVC <input type="checkbox"/> OTHER _____	RACKS NEEDED: YES <input type="checkbox"/> NO <input type="checkbox"/> TYPE _____ QUANTITY _____
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EQUIPMENT REMOVAL INFORMATION

CURRENT DISHMACHINE:
 LEAVE DISPOSE

TABLES:
 LEAVE DISPOSE

OTHER DISPENSERS, CHARTS, ETC. REQUIRED.

DETAILS: _____

INSTALLATION INFORMATION

TIME OF INSTALLATION _____
 DATE OF INSTALLATION _____
 DAY OF INSTALLATION _____
 PRODUCT PRE-DELIVERED WITH INSTALLATION
 DISHMACHINE PRE-DELIVERED WITH INSTALLATION
 SPECIAL INSTRUCTIONS _____

 CUSTOMER SIGNATURE