



DATE: _____

I. ABOUT YOUR COMPANY

**Fields required to be filled out*

1. NAME*

2. COMPANY*

3. ADDRESS*

4. EMAIL*

5. WEBSITE

6. PHONE NUMBER AND EXTENSION*

7. FAX

8. YOU WORK FOR*

(Please Tick)

- End User/Facility Owner
- Cleanroom Builder/Contractor
- Lab Builder/Contractor
- Distributor

9. EXISTING ESCO EQUIPMENT*

10. REPEATED ORDER*

- Yes, SN: No

II. PROJECT INFORMATION

**Fields required to be filled out*

11. URS Available

- Yes (please attach document)
 No

12. Industry*

- Pharmaceutical/Biotech
 - Cosmetic
 - Chemicals
 - Paint
 - Food
 - Others, please specify:
 - Soap and Detergents
-

13. Name of Project

14. Project Location*

15. Unit/s Required*

16. Deadline of submission for Tender*	<input type="text"/>
17. Timeline for Purchase	<input type="text"/>
18. Timeline for Installation*	<input type="text"/>
19. Application*	<input type="text"/>
20. No. of Users	<input type="text"/>
21. Type of Protection*	<input type="checkbox"/> Product Protection (Sterile; Non-hazardous material) <input type="checkbox"/> Operator and Product Protection (Hazardous material/substances)
22. Type of Trolley*	<input type="checkbox"/> Vertical Airflow (for large equipment transfer to prevent airflow blockage) <input type="checkbox"/> Horizontal Airflow (for small material transfer such as vials) Please provide details for the material/s to be loaded inside: <ul style="list-style-type: none"> • Volume of products to be transported: <input type="text"/> • Material load dimensions: <input type="text"/> • Photo reference, if available (please attach)
23. Level of Need	<input type="checkbox"/> Have an approved budget (indicate: <input type="text"/>) <input type="checkbox"/> Preparing to submit a budget for approval <input type="checkbox"/> Gathering information for future reference

III. LAMINAR FLOW TROLLEY SPECIFICATION

*Fields required to be filled out

24. Airflow Pattern*	<input type="checkbox"/> Recirculating <input type="checkbox"/> Single Pass
25. Airflow Pressure* (with respect to ambient environment)	<input type="checkbox"/> Positive <input type="checkbox"/> Negative
26. Internal Dimensions*	Internal Width: <input type="text"/> Internal Depth: <input type="text"/> Internal Height: <input type="text"/> <small>Note, the standard material of construction for trolley is full stainless steel 304 right angle corners. Please attach facility layout, if available, and confirm on door dimensions where the trolley needs to pass through.</small>

<p>27. Control Type*</p>	<p>Sentinel™ Microprocessor Controller (w/ audiovisual alarms)</p> <p><input type="checkbox"/> Open loop (manual adjust of fan speed)</p> <p><input type="checkbox"/> Closed loop (auto-adjust of fan speed to fan filter burden)</p>
<p>28. Differential Pressure Across Filter (H14) Monitoring*</p>	<p><input type="checkbox"/> Magnehelic gauge (analog display, no alarm)</p> <p><input type="checkbox"/> Sentinel™ controller (digital display, with alarm for high differential pressure across filter)</p>
<p>29. Accessories</p>	<p><input type="checkbox"/> Shelves (Quantity: <input type="text"/>)</p> <ul style="list-style-type: none"> • with perforations? <input type="checkbox"/> Yes <input type="checkbox"/> No • load of materials they will place per shelf: <input type="text"/> • overall dimensions per shelf: <input type="text"/> • height/spacing per shelf: <input type="text"/> <p><input type="checkbox"/> Trays placed on base or shelves (Quantity: <input type="text"/>)</p> <p><input type="checkbox"/> UV lamp with add-on quartz</p> <p><input type="checkbox"/> Upgrade to Custom MLAF (Mobile LAF - motorized)</p>
<p>30. Additional Document</p>	<p><input type="checkbox"/> FAT</p> <p><input type="checkbox"/> IQOQ</p>

Important: Save the completed PDF form (use menu File - Save).