

<b>FACILITY</b>	<b>DATE</b>
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<b>INSTALLATION DATE</b>	<b>INSTALLATION TIME</b>	<b>DISHMACHINE MAKE</b>	<b>DISHMACHINE MODEL</b>
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<b>VOLTAGE</b>	<b>FINAL RINSE PRESSURE</b>	<b>WASH TEMP</b>	<b>FINAL RINSE TEMP</b>	<b>OTHER</b>
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<b>CURRENT CONDITION OF:</b>				<b>COMMENTS (NOTE PRESOAKING/PRESCRAPING)</b>
	GOOD	FAIR	POOR	
TRAYS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
FLATWARE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
DISHES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
GLASSWARE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
DISHMACHINE OPERATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OTHER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**INSTALLATION DATA**

DISPENSING SYSTEMS      \_\_\_\_\_ FREEDOM DE      \_\_\_\_\_ FREEDOM DE FII

\_\_\_\_\_ FREEDOM DE FIII      \_\_\_\_\_ FREEDOM DE WWII

D250 SANITIZER PUMP      \_\_\_\_\_

UNDERCOUNTER UNITS      \_\_\_\_\_ 1 PRODUCT DISPENSER      \_\_\_\_\_ 2 PRODUCT DISPENSER

OTHER \_\_\_\_\_

**INSTALLATION COMMENTS/MISCELLANEOUS ITEMS REQUIRES (CARFLEX, SEAL-TIGH, TUBING, WIRE, ETC.)**


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**MISCELLANEOUS EQUIPMENT**

SPECIALTY SYSTEMS      \_\_\_\_\_ / \_\_\_\_\_

SINGLE SHOT     
  VIKING     
  ULTRA ACTIVE     
  DRAIN CLEANER     
  OTHER

SINGLE PRODUCT  
 DUAL PRODUCT

**RECOMMENDED PRODUCTS / SIZE**

WW DETERGENT		MANUAL DETERGENT	
RINSE AID		SANITIZER/MANUAL	
LIME SOLVENT		GRILL CLEANER	
SANITIZER/DISHMACHINE		G/P CLEANER	
UTENSIL PRESOAK		OTHER	

 COMMENTS:
   
  
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<b>FACILITY</b>										
<b>ADDRESS</b>					<b>CITY</b>		<b>STATE</b>	<b>ZIP</b>		
<b>PHONE</b>			<b>CONTACT (MANAGER)</b>			<b>CONTACT (SUPERVISOR)</b>				
<b>PREPARED BY</b>					<b>COMPANY</b>			<b>DATE</b>		
<b>DAYS OPEN/WEEK</b>		<b>TYPE OF DINING</b>					<b>SEATING CAP.</b>		<b>MEALS/WEEK</b>	
		<input type="checkbox"/> FINE	<input type="checkbox"/> BUFFET	<input type="checkbox"/> BANQUET		<input type="checkbox"/> HOSPITALITY				
		<input type="checkbox"/> FAMILY	<input type="checkbox"/> CAFETERIA	<input type="checkbox"/> HEALTHCARE						
<b># OF RESIDENTS</b>		<b># OF ROOMS</b>		<b># OF BEDS/ROOM</b>		<b># OF RESIDENT MEAL/DAY</b>		<b># OF STAFF</b>		
<b># OF STAFF MEALS/DAY</b>			<b># OF RES. EXT. CARE</b>		<b># OF RES. AMBULATORY</b>			<b>SIZE OF FACILITY IN SQ. FT.</b>		
<b>DISHMACHINE</b>										
<b>MAKE</b>			<b>MODEL</b>			<b>SERIAL #</b>		<b>TANK CAPACITY</b>		
<b>DOOR</b>	<b>CONVEYOR</b>		<b>FLITE</b>		<b>TYPE</b>		<input type="checkbox"/> LOW TEMP	<b>RINSE FLOW</b>	<b>VOLTAGE</b>	
					<input type="checkbox"/> HIGH TEMP		<input type="checkbox"/> FILL N DUMP			
<b>ALKALINITY IN PPM</b>			<b>WATER HARDNESS GPG</b>				<b>BICARB ALKALINITY PPM</b>			
			<b>HOT</b>		<b>COLD</b>		<b>HOT</b>		<b>COLD</b>	
<b>DISHMACHINE DETERGENT</b>					<b>DISHMACHINE RINSE AID</b>					
<b>BRAND</b>			<b>CASE SIZE</b>		<b>PRICE</b>		<b>BRAND</b>		<b>PRICE</b>	
<b>DISHMACHINE SANITIZER</b>					<b>COMMENTS</b>					
<b>BRAND</b>			<b>CASE SIZE</b>							<b>PRICE</b>
<b>ANCILLARY PRODUCTS CURRENTLY USED</b>										
<input type="checkbox"/> MANUAL DETERGENT	_____				<input type="checkbox"/> GRILL & OVEN CLEANER	_____				
<input type="checkbox"/> SANITIZER	_____				<input type="checkbox"/> WINDOW CLEANER	_____				
<input type="checkbox"/> GENERAL PURPOSE CLEANER	_____				<input type="checkbox"/> DEEP FRY CLEANER	_____				
<input type="checkbox"/> LIME SOLVENT	_____				<input type="checkbox"/> GERMICIDAL DETERGENT	_____				
<input type="checkbox"/> SILVER PRESOAK	_____				<input type="checkbox"/> HAND SOAP	_____				
<input type="checkbox"/> STAINLESS STEEL POLISH	_____				<input type="checkbox"/> INSECT SPRAY	_____				
<input type="checkbox"/> OTHER	_____									
<b>CURRENT SUPPLIER(S)</b>										
<b>CURRENT CHEMICAL DELIVERY</b>										
<input type="checkbox"/> WEEKLY	<input type="checkbox"/> BI-WEEKLY	<input type="checkbox"/> MONTHLY		<input type="checkbox"/> OTHER		<b>CURRENT SERVICE FREQUENCY</b>				
						<input type="checkbox"/> WEEKLY	<input type="checkbox"/> BI-WEEKLY	<input type="checkbox"/> MONTHLY		<input type="checkbox"/> OTHER
<b>SERVICE QUALITY RATING</b>				<b>DISPENSING EQUIPMENT RATING</b>			<b>OVERALL RESULT RATING</b>			
<input type="checkbox"/> GOOD	<input type="checkbox"/> FAIR	<input type="checkbox"/> POOR		<input type="checkbox"/> GOOD	<input type="checkbox"/> FAIR	<input type="checkbox"/> POOR		<input type="checkbox"/> GOOD	<input type="checkbox"/> FAIR	<input type="checkbox"/> POOR