

Service Questionnaire

Please fill out this questionnaire in order to determine the scope of work and the budget for your project. Save the document and send it to your VAHLE experts. Our email: **sales@vahleinc.com**, phone: **+1 713-465-9796**. Use **TAB** button to navigate.

| | | | | | | | | | | |
|---------------------------------------|--|-----------------|---------------------------------------|-------------|---|----|--|------------------|---------------------------------|-------|
| Customer | Company Name: | | Main Contact Person: | | | | | | | |
| | State ZIP code: | | Email Address: | | | | | | | |
| | Address: | | Phone Number: | | | | | | | |
| Jobsite information | Jobsite Facility Name: | | Contact Person, Jobsite: | | | | | | | |
| | State ZIP code: | | Email Address: | | | | | | | |
| | Project name / code: | | Phone Number: | | | | | | | |
| | Expected Service Date(s) Range(s): | | Day Shift | Night Shift | Both | | | | | |
| | MO | TU | WE | TH | FR | SA | SU | Shift length(s): | | |
| Job description | Inspection | | Other. Please specify below: | | Installation height: | | m | ft | | |
| | Commissioning | | | | If required, lifts will be provided by: | | Vahle [1] | Customer [2] | | |
| | Installation | | | | If [1], please specify lift type and quantity: | | | | | |
| | New installation or retrofit? | | New installation | Retrofit | | | | | | |
| | If retrofit, is Vahle is responsible for tear down and cleanup of existing system? | | Yes | No | Is access to the system clear and unobstructed? | | Yes | No | if 'No', please provide details | |
| System Details | Crane(s) | | Assembly Automation | | Amusement | | AS/RS Warehouse | | Sortation | Other |
| | Total System Length: | | m | | ft | | VAHLE Products Product groups | | | |
| | Lengths of runways (if>1) i.e. 120, 89, 36 | | | | | | VAHLE Quote #: | | | |
| | System Layout*: straight / curved / complex | | | | | | VAHLE Order #: | | | |
| Environment & Requirements | Install Location: indoor / outdoor / cold / clean | | | | | | More information: dirt, dust, salty air, corrosive, or locations such as water treatment plant, paper mill, etc. | | | |
| | Ambient Temperature: | | min. | max. | °C | °F | | | | |
| | PPE Requirements: | | Prerequisites for Site Access: | | | | | | | |
| | Ear Protection | | Pre-screening. Specify: | | | | | | | |
| | Eye Protection | | | | | | | | | |
| | Hard Hat | | | | | | | | | |
| | Respiratory Protection | | | | | | Additional information and comments: (* please provide drawings for complex installations) | | | |
| | Gloves. Type: | | Safety orientation. Duration: | | | | | | | |
| | Steel Toed Shoes | | | | | | | | | |
| | CO ₂ Detector | | Certifications or licenses: | | | | Name of the Customer: | | Date: | |
| Harness | | | | | | | | | | |
| Insulated Clothing | | | | | | | | | | |
| Chemical Suit | | Other. Specify: | | | | | | | | |
| Other. Please specify: | | | | | | | | | | |