



Company Name \_\_\_\_\_ **INSTALLATION SURVEY** Date \_\_\_\_\_

Account information

Surveyors Name \_\_\_\_\_

Account Name \_\_\_\_\_ Phone # \_\_\_\_\_

Street Address \_\_\_\_\_ Fax # \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Contact Person \_\_\_\_\_

Current Dish Machine Installation Information

<b>Current Dish Machine:</b> Make _____ Model _____ Voltage _____ Phase _____ Breaker size in AMPS _____	<b>Booster Heater:</b> Make _____ Model _____ Gas _____ Electric _____ Voltage _____ Phase _____ Breaker size in AMPS _____ Capacity _____ Kilowatts _____	<b>Hot Water Heater:</b> Make _____ Size _____ Recovery Rate _____ Temperature _____ Gas <input type="checkbox"/> Electric <input type="checkbox"/>
<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; padding: 5px; text-align: center;">           Table Removable            Yes <input type="checkbox"/> No <input type="checkbox"/> </div> <div style="text-align: center;"> </div> <div style="border: 1px solid black; padding: 5px; text-align: center;">           Table Removable            Yes <input type="checkbox"/> No <input type="checkbox"/> </div> </div> <div style="margin-top: 10px; text-align: center;"> <div style="border: 1px solid black; width: 40px; height: 40px; display: inline-block;"></div> <div style="margin-left: 10px;">             Table Removable              Yes <input type="checkbox"/> No <input type="checkbox"/> </div> </div>		<b>Venting:</b> Hood: Yes <input type="checkbox"/> No <input type="checkbox"/> Size _____ Distance center to center: _____ Dimension: Height to finished floor: _____

New Dish Machine Installation Information

ADS Model _____  New <input type="checkbox"/> Used <input type="checkbox"/>  Serial # _____	Voltage _____ Phase _____ Conduit Yes <input type="checkbox"/> No <input type="checkbox"/> Distance to Electrical Connection _____ Plug <input type="checkbox"/> Disconnect <input type="checkbox"/> Junction Box <input type="checkbox"/>	Drain: Floor <input type="checkbox"/> Wall <input type="checkbox"/> Open <input type="checkbox"/> Closed <input type="checkbox"/> Copper <input type="checkbox"/> Iron <input type="checkbox"/> PVC <input type="checkbox"/>  Pipe size _____ Distance to Drain _____	Tables _____ Yes <input type="checkbox"/> No <input type="checkbox"/> Table size required Soiled _____ L <input type="checkbox"/> R <input type="checkbox"/> Clean _____ L <input type="checkbox"/> R <input type="checkbox"/>
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<b>Pre-rinse:</b> Yes <input type="checkbox"/> No <input type="checkbox"/> Type of Mount: Backsplash <input type="checkbox"/> Deck <input type="checkbox"/>	<b>Incoming water supply:</b> Pipe size _____ Copper <input type="checkbox"/> Galvanized <input type="checkbox"/> PVC <input type="checkbox"/> Other _____	<b>Racks needed:</b> Yes <input type="checkbox"/> No <input type="checkbox"/> Type _____ Quantity _____
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Equipment Removal Information	Installation Information
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<b>Current Machine:</b> Leave <input type="checkbox"/> Dispose <input type="checkbox"/> <b>Tables:</b> Leave <input type="checkbox"/> Dispose <input type="checkbox"/> Other dispensers, charts, etc. required Details _____ _____ _____ _____ _____ _____	Time of installation _____ Date of installation _____ Day of installation _____ Product pre-delivered <input type="checkbox"/> With installation <input type="checkbox"/> Dish machine pre-delivered <input type="checkbox"/> With installation <input type="checkbox"/> Special instructions _____ _____ _____ _____ _____
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Other:

Vent fan relay  Drain water tempering  Table limit switch (conveyors only)

