LPI Equipment Checklist

# Submitted By: Click or tap here to enter text.

Date: Click or tap to enter a date.

# **Part Description**

Part Description: Click or tap here to enter text.

Largest Part Dimensions: (Length, inches) Click or tap here to enter text.

(Width / Dia., inches) Click or tap here to enter text.

(Height, inches) Click or tap here to enter text.

Maximum Part Weight, specify unit of measure: Click or tap here to enter text.

# **Process Description**

Part Manufacturing Process: Click or tap here to enter text.

Available square footage for system: Click or tap here to enter text.

Specification Requirements: Choose an item.

Penetrant Method (Water wash, Solvent removable, Lipophilic, Hydrophilic):Choose an item.

If Water wash or Solvent Removable, is it fluorescent or nonfluorescent? Fluorescent

Sensitivity Level Required: Choose an item.

Developer Required (Wet or Dry): Choose an item.

If wet, is it water soluble or water Suspendible? Water Soluble

If dry, is it manually applied or dynamic cloud? Manually Applied

Expected Run Rate (Parts per Hour.): Click or tap here to enter text.

# Equipment Requirements

Part Process:  Operators move parts station to station  
  Overhead Crane

1. **Penetrant Station**

|  |  |  |  |
| --- | --- | --- | --- |
| Options: | Work Surface | Split Roof for overhead crane | Power Lowerator |
| Spray  Dip | Grated  Rollers | Yes (Requires Dip) No | Yes  No |

1. **Rest Station 1**

|  |  |
| --- | --- |
| Length | Work Surface |
| ft | Rollers  Grated |

1. **Rinse Station**

|  |  |  |  |
| --- | --- | --- | --- |
| Options: | Work Surface | Power Lowerator | Split Roof for overhead crane |
| Tank Type  Tabletop | Rollers  Grated | Yes  No | Yes  No |

1. **Drain Station**

|  |  |
| --- | --- |
| Options: | Work Surface |
| Tank Type  Tabletop | Rollers  Grated |

1. **Dryer Station**

|  |  |  |
| --- | --- | --- |
| Options: | Work Surface | Split Roof for overhead crane |
| Tunnel Type  Front Load  Top Load | Rollers  Grated | Yes  No |

1. **Developer Station**

|  |  |  |
| --- | --- | --- |
| Options: | Work Surface | Split Roof for overhead crane |
| Tunnel Type  Front Load  Top Load | Rollers  Grated | Yes  No |

1. **Dwell / Rest Station 2**

|  |  |
| --- | --- |
| Length | Work Surface |
| ft | Rollers  Grated |

1. **Inspection Station**

|  |  |  |  |
| --- | --- | --- | --- |
| Working Area | Work Surface | UV Lamps | Split Roof for overhead crane |
| Length:  Width: | HDF  Rollers  Grated | ZUV-4  ZUV-20  ZUV-6  Quantity: | Yes  No |

Drain Quantity: Click or tap here to enter text.

Rest Quantity (Stations and parts): Click or tap here to enter text.

# **Company Information**

Company Name: Click or tap here to enter text.

Address: Enter text

City: Enter text State: Enter text Zip: Zip

Country: Click or tap here to enter text.

Contact Name: Click or tap here to enter text.

E-mail Address: Click or tap here to enter text.

Phone Number: Click or tap here to enter text.

Country of Installation: Click or tap here to enter text.

Address of Installation (if different): Click or tap here to enter text.

# **Project Information**

Expected Purchase Date: Click to enter a date.

Expected Delivery Date: Click to enter a date.

