

Tank Cleaning Questionnaire TCQ



General Instructions: The sections with an * (asterisk), is the minimal required information preferred by engineering to make an evaluation and subsequent recommendation.

I. REFERENCE INFORMATION			
DATE PREPARED:	INQUIRY # (Filled in by Scanjet):	PROJECT # (Filled in by Scanjet):	
Industry Information (Filled in by Scanjet): <input type="checkbox"/> Industrial <input type="checkbox"/> Marine Market Segment:			
II. TECHNICAL AND COMMERCIAL RESPONSIBILITY			TCQ Information Source <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
*	A) Customer (End-User)		
	Company		Contact
	Web Site		
	Address	Position	
	City	Main Telephone #	
	State/Province	Direct Telephone #	
	Postal Code	Direct Telefax #	
	Country	E-Mail	
	B) Representative/Dealer Assignment -- <input type="checkbox"/> Representative <input type="checkbox"/> Dealer		
	Company		Contact
	Web Site		
	Address	Position	
	City	Main Telephone #	
	State/Province	Direct Telephone #	
	Postal Code	Direct Telefax #	
	Country	E-Mail	
	C) Engineering Firm or Other:		
	Company		Contact
	Web Site		
	Address	Position	
	City	Main Telephone #	
	State/Province	Direct Telephone #	
	Postal Code	Direct Telefax #	
	Country	E-Mail	
	D) Additional Contact Information (If Applicable)		
1	Name:	Company:	Position:
	Phone:	Fax:	E-Mail:
2	Name:	Company:	Position:
	Phone:	Fax:	E-Mail:

Tank Cleaning Questionnaire TCQ



III. TANK/VESSEL TO BE CLEANED	
(If drawing attached, X the appropriate box within question.)	
01 *	Name of tank/vessel, or tag number designation, to be cleaned: <input type="checkbox"/> Drawing Attached
02 *	Dimensions of the tank/vessel to be cleaned: <input type="checkbox"/> Drawing Attached
03 *	Purpose of the tank/vessel to be cleaned: <input type="checkbox"/> Transportation <input type="checkbox"/> Storage <input type="checkbox"/> Process <input type="checkbox"/> Other:
04 *	Orientation of tank vessel to be cleaned: <input type="checkbox"/> Drawing Attached
05 *	Material of construction for the tank/vessel to be cleaned: <input type="checkbox"/> Drawing Attached
06	Surface roughness of the tank/vessel to be cleaned (relate in Ra Microinch, if possible):
07	<input type="checkbox"/> New Construction <input type="checkbox"/> Existing
08 *	Quantity of tank/vessels for this type to be considered:
09 *	Does this application require that the cleaning design is of a sanitary nature: <input type="checkbox"/> Yes <input type="checkbox"/> No (Note: Sanitary means that the M.O.C. ¹ are of a sanitary nature and the design/devices adhere to the hygienic requirements of either the client or a regulatory authority for the application)
10	What regulatory and/or classification society approvals are required for this application: <input type="checkbox"/> USDA Dairy Grading <input type="checkbox"/> USDA Meat & Poultry <input type="checkbox"/> FDA <input type="checkbox"/> IMO <input type="checkbox"/> USCG <input type="checkbox"/> EEHDG <input type="checkbox"/> ATEX <input type="checkbox"/> DNV <input type="checkbox"/> Lloyds <input type="checkbox"/> None <input type="checkbox"/> Other:
11 *	What tank/vessel openings are available for the installation of cleaning devices: <input type="checkbox"/> Drawing Attached
12	What cleaning validation method/protocol is intended or applied for this application: <input type="checkbox"/> Microbial Swab Test <input type="checkbox"/> Visual <input type="checkbox"/> ATP Bioluminescence <input type="checkbox"/> Rinse Sample <input type="checkbox"/> Conductivity <input type="checkbox"/> None <input type="checkbox"/> Other:
13	Is a shadow study analysis required on this application: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, charges for engineering services will apply. Detailed structural drawings of the tank/vessel are required. Contact Engineering for a list of drawings required to perform this analysis.
14	Drawings attached with this TCQ: Drawing format: <input type="checkbox"/> AutoCAD (Preferred) <input type="checkbox"/> AutoDESK Inventor <input type="checkbox"/> SolidWorks <input type="checkbox"/> PDF <input type="checkbox"/> Other; Explain:

¹ M.O.C. = Materials of Construction

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IV. PRESENT METHOD OF CLEANING																																	
<p>01 *</p> <p>Present practice:</p> <p><input type="checkbox"/>None, new application <input type="checkbox"/>Manual <input type="checkbox"/>Floatation <input type="checkbox"/>Static Spray Device <input type="checkbox"/>Rotating Sphere</p> <p><input type="checkbox"/>Rotating Jet-Head <input type="checkbox"/>Other:</p> <p>If a current cleaning device is being used, name of manufacturer and device model, if available: (Note: It is important to know the number of nozzles, nozzle orifice, and turbine/stator configuration for RJH device types.)</p> <p>MFG: _____ Model: _____ Operating Pressure: _____</p> <p>Operating Temperature: _____</p> <p>Comments:</p>																																	
<p>02</p> <p>Frequency of cleaning:</p> <p><input type="checkbox"/>Daily <input type="checkbox"/>Weekly <input type="checkbox"/>Monthly <input type="checkbox"/>Annually</p> <p><input type="checkbox"/>Other and/or comments:</p>																																	
<p>03</p> <p>Current cleaning time, per present practice:</p>																																	
<p>04</p> <p>Current cleaning recipe (attached recipe sheet if necessary): General System Info: Max Pressure/Flow: _____ Max Temperature: _____ <input type="checkbox"/>Recirculated <input type="checkbox"/>Once-Through Filtered: <input type="checkbox"/>Yes <input type="checkbox"/>No Filter type and mesh size in micron: _____</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr style="background-color: #cccccc;"> <th style="width: 15%; text-align: center;">Step</th> <th style="text-align: center;">Description</th> <th style="width: 15%; text-align: center;">Time</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Step	Description	Time																														
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<p>05 *</p> <p>Reason for cleaning:</p> <p><input type="checkbox"/>Sanitation <input type="checkbox"/>Prevent Cross-Contamination <input type="checkbox"/>Improve Heat-Transfer</p> <p><input type="checkbox"/>Sludge/Sediment Control <input type="checkbox"/>Preparation for maintenance/inspection <input type="checkbox"/>Demolition</p> <p><input type="checkbox"/>Other:</p>																																	
<p>06 *</p> <p>Type of cleaning system required:</p> <p><input type="checkbox"/>Fixed <input type="checkbox"/>Portable <input type="checkbox"/>Retractable <input type="checkbox"/>Other:</p> <p><small>Note: Fixed indicates that the cleaning design will be permanently installed within the subject tank and not removed, except for periodic maintenance.</small></p>																																	
<p>07 *</p> <p>Desired total cleaning time per vessel: Number of vessels to be cleaned per day:</p> <p><small>Note: Include complete recipe times, including drain and drying times.</small></p>																																	

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IX. CLEANING DEVICE REQUIREMENTS/PREFERENCES	
01	Cleaning Device Type Preference: <input type="checkbox"/> Static <input type="checkbox"/> Rotating Spray Head (RSH) <input type="checkbox"/> Rotating Jet-Head (RJH) Integrated Turbine <input type="checkbox"/> Rotating Jet-Head (RJH) External Drive <input type="checkbox"/> Rotating Jet-Head (RJH) External Drive Programmable <input type="checkbox"/> Recommend <input type="checkbox"/> Propose Options & Explain
02	Cleaning Device Connection Preferences: <input type="checkbox"/> Pipe Threads <input type="checkbox"/> Weld-Joint <input type="checkbox"/> Tri-Clamp <input type="checkbox"/> Clip-On <input type="checkbox"/> Recommend Size Preference: <input type="checkbox"/> Other:
03	Surface finish requirements for cleaning design: <input type="checkbox"/> Applicable <input type="checkbox"/> Not Applicable Inside Tank/Vessel: Internal of Device: <input type="checkbox"/> Recommend <input type="checkbox"/> Ra Value: External of Device: <input type="checkbox"/> Recommend <input type="checkbox"/> Ra Value: Outside Tank/Vessel: Internal of Device: <input type="checkbox"/> Recommend <input type="checkbox"/> Ra Value: External of Device: <input type="checkbox"/> Recommend <input type="checkbox"/> Ra Value:
X. CIP SYSTEM REQUIREMENTS – GENERAL INFORMATION - <input type="checkbox"/> Required <input type="checkbox"/> Not-Required	
01	CIP Systems involve design aspects that are difficult to address in a form and are best served via an interview process with one of our CIP process professional. However, basic information can be provided here in lieu of that interview and any comments that you might have; relative to the system that you require beneficial to that process.
02	System Type <input type="checkbox"/> Single pass; single use <input type="checkbox"/> Single pass; recirculatory <input type="checkbox"/> Multi-tank solution recovery <input type="checkbox"/> Other Explain:
03	Number of tanks to clean at a time:
04	Controls <input type="checkbox"/> Manual Push button start and stop on pump; manual valves. <input type="checkbox"/> Semi-Automated Push button start and stop on pump; with automatic valve actuation on main control valves. <input type="checkbox"/> Fully automated PLC controlled <input type="checkbox"/> Recommend
05	Temperature Control <input type="checkbox"/> Heat Exchanger <input type="checkbox"/> Shell and Tube <input type="checkbox"/> Plate and Frame <input type="checkbox"/> Recommend Maximum temperature required : ΔT requirements : Control Valve : <input type="checkbox"/> Manual <input type="checkbox"/> Automatic Comments:
06	General Comments

Tank Cleaning Questionnaire TCQ



X. PROPOSAL OFFERINGS

(Advise us of the following requirements, relative to our offering)

- | | |
|--|---|
| <input type="checkbox"/> Cleaning Device Only..... | Free |
| <input type="checkbox"/> Location Recommendations: | |
| <input type="checkbox"/> Verbal or written..... | Free (Not a detailed review of tank geometries) |
| <input type="checkbox"/> Drawings..... | Subject to Billable Engineering Services |
| <input type="checkbox"/> Shadow Analysis..... | Subject to Billable Engineering Services |
| <input type="checkbox"/> 3D Analysis..... | Subject to Billable Engineering Services |
| <input type="checkbox"/> Installation Assemblies..... | Subject to Billable Engineering Services |
| <input type="checkbox"/> Engineering Scope..... | Free |
| <input type="checkbox"/> Cleaning Chemicals (no lab analysis)..... | Free |
| <input type="checkbox"/> Soilage Lab Analysis..... | Subject to Billable Engineering Services |
| <input type="checkbox"/> Cleaning Recipe (Preliminary) | |
| <input type="checkbox"/> No lab analysis..... | Free; for proposals in excess of \$6,000.00 |
| <input type="checkbox"/> Lab analysis solubility report..... | Subject to Billable Engineering Services |
| <input type="checkbox"/> CIP Supply/Control System | |
| <input type="checkbox"/> Budgetary Proposal..... | Free |
| <input type="checkbox"/> Proposed with PFD &/or P&ID..... | Subject to Billable Engineering Services refundable in event of purchase. |

Comments:

Notes to this section:

- 1) In the event that this section is not completed, we will assume that only a Tank Cleaning Machine Recommendation is required.
- 2) Billable Engineering Services are optional. We can submit a proposal for estimated charges. Either via an Engineering Scope or in minor cases, with a simple quotation.