

Customer Inquiry Form

Sales representative: _____ Form No.: _____

Customer	Date : ____ (yy) ____ (mm) ____ (dd)		
Main contact window		Technical contact window	
Phone number		Cell phone number	
Email	<input type="checkbox"/> LINE, <input type="checkbox"/> Skype, <input type="checkbox"/> QQ, <input type="checkbox"/> Facebook, <input type="checkbox"/> Homepage or Blog: _____		
Address			

1. Target Food Products

Type of business and Food products	A.	B.	C.
	D.	E.	F.
Link to the food products	Image of food products		

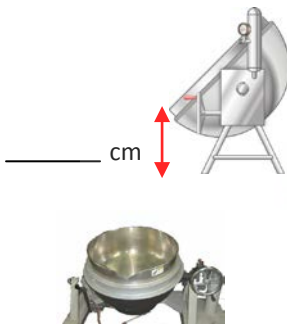
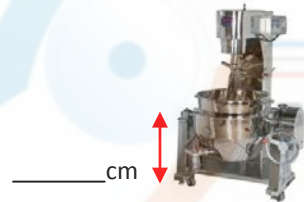
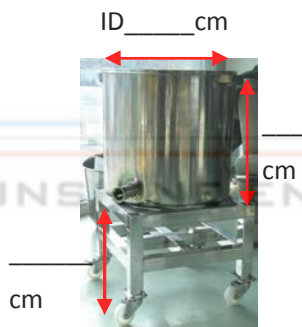

Type of food products	A	<input type="checkbox"/> 1. Semi-liquid food or with food grains. <input type="checkbox"/> 3. Lump or sliced, shred, diced food.	<input type="checkbox"/> 2. Liquid food. <input type="checkbox"/> 4. Others _____
	B	<input type="checkbox"/> 1. Semi-liquid food or with food grains. <input type="checkbox"/> 3. Lump or sliced, shred, diced food.	<input type="checkbox"/> 2. Liquid food. <input type="checkbox"/> 4. Others _____
	C	<input type="checkbox"/> 1. Semi-liquid food or with food grains. <input type="checkbox"/> 3. Lump or sliced, shred, diced food.	<input type="checkbox"/> 2. Liquid food. <input type="checkbox"/> 4. Others _____
	D	<input type="checkbox"/> 1. Semi-liquid food or with food grains. <input type="checkbox"/> 3. Lump or sliced, shred, diced food.	<input type="checkbox"/> 2. Liquid food. <input type="checkbox"/> 4. Others _____
	E	<input type="checkbox"/> 1. Semi-liquid food or with food grains. <input type="checkbox"/> 3. Lump or sliced, shred, diced food.	<input type="checkbox"/> 2. Liquid food. <input type="checkbox"/> 4. Others _____
	F	<input type="checkbox"/> 1. Semi-liquid food or with food grains. <input type="checkbox"/> 3. Lump or sliced, shred, diced food.	<input type="checkbox"/> 2. Liquid food. <input type="checkbox"/> 4. Others _____

Characteristics of food products Provide examples of comparable food products if answering these columns is not possible.	A	Specific heat capacity		Specific gravity		Density		Viscosity	
		Additional information							
	B	Specific heat capacity		Specific gravity		Density		Viscosity	
		Additional information							
	C	Specific heat capacity		Specific gravity		Density		Viscosity	
		Additional information							
	D	Specific heat capacity		Specific gravity		Density		Viscosity	
		Additional information							
	E	Specific heat capacity		Specific gravity		Density		Viscosity	
		Additional information							
	F	Specific heat capacity		Specific gravity		Density		Viscosity	
		Additional information							



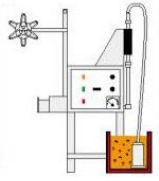

		Additional information					
Remark							

Weekly production schedule 1. Simultaneous production. 2. schedule in conflict (highlight the worse case)	Mon.	A ____ .B ____ .C ____ .D ____ .E ____ .F ____	Remark:
	Tue.	A ____ .B ____ .C ____ .D ____ .E ____ .F ____	Remark:
	Wed.	A ____ .B ____ .C ____ .D ____ .E ____ .F ____	Remark:
	Thu.	A ____ .B ____ .C ____ .D ____ .E ____ .F ____	Remark:
	Fri.	A ____ .B ____ .C ____ .D ____ .E ____ .F ____	Remark:
	Sat.	A ____ .B ____ .C ____ .D ____ .E ____ .F ____	Remark:
	Sun.	A ____ .B ____ .C ____ .D ____ .E ____ .F ____	Remark:





2. Volume, size or form of jacketed kettles

Standing kettles	Food releasing <input type="checkbox"/> Automatic <input type="checkbox"/> Manual	Cooking tanks	Jacketed kettles or others
 <p>L ____ xW ____ xH ____ (cm)</p>	 <p>L ____ xW ____ xH ____ (cm)</p>	 <p>L ____ xW ____ xH ____ (cm)</p>	 <p>L ____ xW ____ xH ____ (cm)</p>
____ Foot ____ Volume ____ No. of Lots Heating time per lot: ____ Mins/hrs. Heating methods: <input type="checkbox"/> Electricity, <input type="checkbox"/> Gas, <input type="checkbox"/> Steam, <input type="checkbox"/> Direct fire <input type="checkbox"/> Other _____.	____ Foot ____ Volume ____ No. of Lots Heating time per lot: ____ Mins/hrs. Heating methods: <input type="checkbox"/> Electricity, <input type="checkbox"/> Gas, <input type="checkbox"/> Steam, <input type="checkbox"/> Direct fire <input type="checkbox"/> Other _____.	____ Foot ____ Volume ____ No. of Lots Heating time per lot: ____ Mins/hrs. Heating methods: <input type="checkbox"/> Electricity, <input type="checkbox"/> Gas, <input type="checkbox"/> Steam, <input type="checkbox"/> Direct fire <input type="checkbox"/> Other _____.	____ Foot ____ Volume ____ No. of Lots Heating time per lot: ____ Mins/hrs. Heating methods: <input type="checkbox"/> Electricity, <input type="checkbox"/> Gas, <input type="checkbox"/> Steam, <input type="checkbox"/> Direct fire <input type="checkbox"/> Other _____.
Current food products (Multiple selection when applicable)			
A .B .C .D .E .F	A .B .C .D .E .F	A .B .C .D .E .F	A .B .C .D .E .F
Remark:	Remark:	Remark:	Remark:

3. Material releasing (ex : A .B .C .D .E .F, Multiple selection when applicable)

<input type="checkbox"/> Hand scoop	<input type="checkbox"/> Kettle pouring	<input type="checkbox"/> Via pump or fill station	<input type="checkbox"/> Via food discharge valve	<input type="checkbox"/> Others
				
Current food products (Multiple selection when applicable)				
A .B .C .D .E .F	A .B .C .D .E .F	A .B .C .D .E .F	A .B .C .D .E .F	A .B .C .D .E .F
Remark:	Remark:	Remark:	Remark:	Remark:

4. Method of convey: Manual handling, Via pump or fill station

<input type="checkbox"/> Basket		L _____ cm × W _____ cm × H _____ cm. Total volume: _____ liters, Weight: _____ Kg Additional information: Current food products: A .B .C .D .E .F.
<input type="checkbox"/> Food trough		L _____ cm × W _____ cm × H _____ cm. Total volume: _____ liters, Weight: _____ Kg Additional information: Current food products: A .B .C .D .E .F.
<input type="checkbox"/> Pouch		L _____ cm × W _____ cm × H _____ cm. Total volume: _____ liters, Weight: _____ Kg Additional information: Current food products: A .B .C .D .E .F.
<input type="checkbox"/> Tray vehicle		L _____ cm × W _____ cm × H _____ cm. Total volume: _____ liters, Weight: _____ Kg Additional information: Current food products: A .B .C .D .E .F.
Remark:		

Daily maximum production capacity(kg)	A: _____ Kg	B: _____ Kg	C: _____ Kg
	D: _____	E: _____ Kg	F: _____ Kg
Production hours per day and No. of lots	A: _____ hr. _____ batch	B: _____ hr. _____ batch	C: _____ hr. _____ batch
	D: _____ hr. _____ batch	E: _____ hr. _____ batch	F: _____ hr. _____ batch
Maximum cooling volume in one lot	A: _____ Kg	B: _____ Kg	C: _____ Kg
	D: _____ Kg	E: _____ Kg	F: _____ Kg
Shortest time interval between lots	A: _____ Min.	B: _____ Min.	C: _____ Min.
	D: _____ Min.	E: _____ Min.	F: _____ Min.
A	Initial temperature of food product: _____ °C, Desired cooling temperature: _____ °C Desired cooling time: _____ Min.		
B	Initial temperature of food product: _____ °C, Desired cooling temperature: _____ °C Desired cooling time: _____ Min.		
C	Initial temperature of food product: _____ °C, Desired cooling temperature: _____ °C Desired cooling time: _____ Min.		
D	Initial temperature of food product: _____ °C, Desired cooling temperature: _____ °C Desired cooling time: _____ Min.		
E	Initial temperature of food product: _____ °C, Desired cooling temperature: _____ °C Desired cooling time: _____ Min.		
F	Initial temperature of food product: _____ °C, Desired cooling temperature: _____ °C Desired cooling time: _____ Min.		
Remark:			

5. On-site facility

Independent cooling system, In combination with other cooling system, None

Direct proceeding to hot filling (go to 7. Packing methods)




<input type="checkbox"/> Ambient tap water	<input type="checkbox"/> Ice water	<input type="checkbox"/> Ice cubes	<input type="checkbox"/> Ice machine
<input type="checkbox"/> Chill water dispenser	<input type="checkbox"/> Drain lines	<input type="checkbox"/> Hot water pipes	<input type="checkbox"/> Grease retention groove
Remark:			

6. Post cooling process

A	<input type="checkbox"/> Pack immediately	<input type="checkbox"/> Pack following by a short time interval	<input type="checkbox"/> Place into refrigerator or freezer after cooling process	<input type="checkbox"/> Move to the next processing flow
B	<input type="checkbox"/> Pack immediately	<input type="checkbox"/> Pack following by a short time interval	<input type="checkbox"/> Place into refrigerator or freezer after cooling process	<input type="checkbox"/> Move to the next processing flow
C	<input type="checkbox"/> Pack immediately	<input type="checkbox"/> Pack following by a short time interval	<input type="checkbox"/> Place into refrigerator or freezer after cooling process	<input type="checkbox"/> Move to the next processing flow
D	<input type="checkbox"/> Pack immediately	<input type="checkbox"/> Pack following by a short time interval	<input type="checkbox"/> Place into refrigerator or freezer after cooling process	<input type="checkbox"/> Move to the next processing flow
E	<input type="checkbox"/> Pack immediately	<input type="checkbox"/> Pack following by a short time interval	<input type="checkbox"/> Place into refrigerator or freezer after cooling process	<input type="checkbox"/> Move to the next processing flow
F	<input type="checkbox"/> Pack immediately	<input type="checkbox"/> Pack following by a short time interval	<input type="checkbox"/> Place into refrigerator or freezer after cooling process	<input type="checkbox"/> Move to the next processing flow

Remark:

7. Packing methods

			
A	<input type="checkbox"/> Manual packing vehicle _____unit(s)	<input type="checkbox"/> Automatic packing machine _____unit(s)	<input type="checkbox"/> Vacuum packing machine _____unit(s)
	<input type="checkbox"/> Batch packing <input type="checkbox"/> Continuous packing <input type="checkbox"/> Number of packing stations depends on variables such as available staff <input type="checkbox"/> Others _____.	<input type="checkbox"/> Batch packing <input type="checkbox"/> Continuous packing <input type="checkbox"/> Number of packing stations depends on variables such as available staff <input type="checkbox"/> Others _____.	<input type="checkbox"/> Batch packing <input type="checkbox"/> Continuous packing <input type="checkbox"/> Number of packing stations depends on variables such as available staff <input type="checkbox"/> Others _____.
B	<input type="checkbox"/> Manual packing vehicle _____unit(s)	<input type="checkbox"/> Manual packing vehicle _____unit(s)	<input type="checkbox"/> Manual packing vehicle _____unit(s)
	<input type="checkbox"/> Batch packing <input type="checkbox"/> Continuous packing <input type="checkbox"/> Number of packing stations depends on variables such as available staff <input type="checkbox"/> Others _____.	<input type="checkbox"/> Batch packing <input type="checkbox"/> Continuous packing <input type="checkbox"/> Number of packing stations depends on variables such as available staff <input type="checkbox"/> Others _____.	<input type="checkbox"/> Batch packing <input type="checkbox"/> Continuous packing <input type="checkbox"/> Number of packing stations depends on variables such as available staff <input type="checkbox"/> Others _____.

C	<input type="checkbox"/> Manual packing vehicle _____unit(s)	<input type="checkbox"/> Manual packing vehicle _____unit(s)	<input type="checkbox"/> Manual packing vehicle _____unit(s)
	<input type="checkbox"/> Batch packing <input type="checkbox"/> Continuous packing <input type="checkbox"/> Number of packing stations <input type="checkbox"/> depends on variables such as <input type="checkbox"/> available staff <input type="checkbox"/> Others _____.	<input type="checkbox"/> Batch packing <input type="checkbox"/> Continuous packing <input type="checkbox"/> Number of packing stations <input type="checkbox"/> depends on variables such as <input type="checkbox"/> available staff <input type="checkbox"/> Others _____.	<input type="checkbox"/> Batch packing <input type="checkbox"/> Continuous packing <input type="checkbox"/> Number of packing stations <input type="checkbox"/> depends on variables such as <input type="checkbox"/> available staff <input type="checkbox"/> Others _____.
D	<input type="checkbox"/> Manual packing vehicle _____unit(s)	<input type="checkbox"/> Manual packing vehicle _____unit(s)	<input type="checkbox"/> Manual packing vehicle _____unit(s)
	<input type="checkbox"/> Batch packing <input type="checkbox"/> Continuous packing <input type="checkbox"/> Number of packing stations <input type="checkbox"/> depends on variables such as <input type="checkbox"/> available staff <input type="checkbox"/> Others _____.	<input type="checkbox"/> Batch packing <input type="checkbox"/> Continuous packing <input type="checkbox"/> Number of packing stations <input type="checkbox"/> depends on variables such as <input type="checkbox"/> available staff <input type="checkbox"/> Others _____.	<input type="checkbox"/> Batch packing <input type="checkbox"/> Continuous packing <input type="checkbox"/> Number of packing stations <input type="checkbox"/> depends on variables such as <input type="checkbox"/> available staff <input type="checkbox"/> Others _____.
E	<input type="checkbox"/> Manual packing vehicle _____unit(s)	<input type="checkbox"/> Manual packing vehicle _____unit(s)	<input type="checkbox"/> Manual packing vehicle _____unit(s)
	<input type="checkbox"/> Batch packing <input type="checkbox"/> Continuous packing <input type="checkbox"/> Number of packing stations <input type="checkbox"/> depends on variables such as <input type="checkbox"/> available staff <input type="checkbox"/> Others _____.	<input type="checkbox"/> Batch packing <input type="checkbox"/> Continuous packing <input type="checkbox"/> Number of packing stations <input type="checkbox"/> depends on variables such as <input type="checkbox"/> available staff <input type="checkbox"/> Others _____.	<input type="checkbox"/> Batch packing <input type="checkbox"/> Continuous packing <input type="checkbox"/> Number of packing stations <input type="checkbox"/> depends on variables such as <input type="checkbox"/> available staff <input type="checkbox"/> Others _____.
F	<input type="checkbox"/> Manual packing vehicle _____unit(s)	<input type="checkbox"/> Manual packing vehicle _____unit(s)	<input type="checkbox"/> Manual packing vehicle _____unit(s)
	<input type="checkbox"/> Batch packing <input type="checkbox"/> Continuous packing <input type="checkbox"/> Number of packing stations <input type="checkbox"/> depends on variables such as <input type="checkbox"/> available staff <input type="checkbox"/> Others _____.	<input type="checkbox"/> Batch packing <input type="checkbox"/> Continuous packing <input type="checkbox"/> Number of packing stations <input type="checkbox"/> depends on variables such as <input type="checkbox"/> available staff <input type="checkbox"/> Others _____.	<input type="checkbox"/> Batch packing <input type="checkbox"/> Continuous packing <input type="checkbox"/> Number of packing stations <input type="checkbox"/> depends on variables such as <input type="checkbox"/> available staff <input type="checkbox"/> Others _____.

Remark:

E	<input type="checkbox"/> Pail _____ Liter(s)	<input type="checkbox"/> Pouch _____ Liter(s)	<input type="checkbox"/> Bottle _____ C.C.	<input type="checkbox"/> Box _____ C.C	<input type="checkbox"/> Cup _____ C.C
	<input type="checkbox"/> Frozen <input type="checkbox"/> Refrigerated	<input type="checkbox"/> Frozen <input type="checkbox"/> Refrigerated	<input type="checkbox"/> Frozen <input type="checkbox"/> Refrigerated	<input type="checkbox"/> Frozen <input type="checkbox"/> Refrigerated	<input type="checkbox"/> Frozen <input type="checkbox"/> Refrigerated
	<input type="checkbox"/> Ambient storage	<input type="checkbox"/> Ambient storage	<input type="checkbox"/> Ambient storage	<input type="checkbox"/> Ambient storage	<input type="checkbox"/> Ambient storage
	<input type="checkbox"/> Others	<input type="checkbox"/> Others	<input type="checkbox"/> Others	<input type="checkbox"/> Others	<input type="checkbox"/> Others
	<input type="checkbox"/> Independent establishment	<input type="checkbox"/> Independent establishment	<input type="checkbox"/> Independent establishment	<input type="checkbox"/> Independent establishment	<input type="checkbox"/> Independent establishment
	<input type="checkbox"/> Home delivery	<input type="checkbox"/> Home delivery	<input type="checkbox"/> Home delivery	<input type="checkbox"/> Home delivery	<input type="checkbox"/> Home delivery
	<input type="checkbox"/> Centralized production	<input type="checkbox"/> Centralized production	<input type="checkbox"/> Centralized production	<input type="checkbox"/> Centralized production	<input type="checkbox"/> Centralized production
	center to satellite kitchens	center to satellite kitchens	center to satellite kitchens	center to satellite kitchens	center to satellite kitchens
	<input type="checkbox"/> Food manufacturer	<input type="checkbox"/> Food manufacturer	<input type="checkbox"/> Food manufacturer	<input type="checkbox"/> Food manufacturer	<input type="checkbox"/> Food manufacturer
F	<input type="checkbox"/> Pail _____ Liter(s)	<input type="checkbox"/> Pouch _____ Liter(s)	<input type="checkbox"/> Bottle _____ C.C.	<input type="checkbox"/> Box _____ C.C	<input type="checkbox"/> Cup _____ C.C
	<input type="checkbox"/> Frozen <input type="checkbox"/> Refrigerated	<input type="checkbox"/> Frozen <input type="checkbox"/> Refrigerated	<input type="checkbox"/> Frozen <input type="checkbox"/> Refrigerated	<input type="checkbox"/> Frozen <input type="checkbox"/> Refrigerated	<input type="checkbox"/> Frozen <input type="checkbox"/> Refrigerated
	<input type="checkbox"/> Ambient storage	<input type="checkbox"/> Ambient storage	<input type="checkbox"/> Ambient storage	<input type="checkbox"/> Ambient storage	<input type="checkbox"/> Ambient storage
	<input type="checkbox"/> Others	<input type="checkbox"/> Others	<input type="checkbox"/> Others	<input type="checkbox"/> Others	<input type="checkbox"/> Others
	<input type="checkbox"/> Independent establishment	<input type="checkbox"/> Independent establishment	<input type="checkbox"/> Independent establishment	<input type="checkbox"/> Independent establishment	<input type="checkbox"/> Independent establishment
	<input type="checkbox"/> Home delivery	<input type="checkbox"/> Home delivery	<input type="checkbox"/> Home delivery	<input type="checkbox"/> Home delivery	<input type="checkbox"/> Home delivery
	<input type="checkbox"/> Centralized production	<input type="checkbox"/> Centralized production	<input type="checkbox"/> Centralized production	<input type="checkbox"/> Centralized production	<input type="checkbox"/> Centralized production
	center to satellite kitchens	center to satellite kitchens	center to satellite kitchens	center to satellite kitchens	center to satellite kitchens
	<input type="checkbox"/> Food manufacturer	<input type="checkbox"/> Food manufacturer	<input type="checkbox"/> Food manufacturer	<input type="checkbox"/> Food manufacturer	<input type="checkbox"/> Food manufacturer
Remark:					

9. Current cooling methods

Max. packing volume per hour <input type="checkbox"/> Bag, <input type="checkbox"/> Bottle, <input type="checkbox"/> Pail, <input type="checkbox"/> Cup, <input type="checkbox"/> Box	A.		B.		C.	
	D.		E.		F.	
Distance from floor to pump/fill station (cm)	A.	cm	B.	cm	C.	cm
	D.	cm	E.	cm	F.	cm
Current cooling method <input type="checkbox"/> Cool by ice water, <input type="checkbox"/> Cool by fans, <input type="checkbox"/> Hot filling, <input type="checkbox"/> Cooling in ambient room, <input type="checkbox"/> Place in freezer	A.		B.		C.	
	D.		E.		F.	
Current cooling temperature	A.	°C	B.	°C	C.	°C
	D.	°C	E.	°C	F.	°C
Time required by current cooling method ◆ Temperature probe △ Surface temperature ▲ Central temperature	A	◆ △ ▲	B	◆ △ ▲	C	◆ △ ▲
	D	◆ △ ▲	E	◆ △ ▲	F	◆ △ ▲
Measured data	A.	°C	B.	°C	C.	°C
	D.	°C	E.	°C	F.	°C
Prioritize factors that you have the most concern: physical space, cooling time, cooling temperature, financial cost and result of taste and appearance	A.		B.		C.	
	D.		E.		F.	

Min. space for passing through	A.	cm	B.	cm	C.	cm
	D.	cm	E.	cm	F.	cm
Available space reserved for rapid cooling machine in terms of L x W xH	A. _____x_____x_____		B. _____x_____x_____		C. _____x_____x_____	
	D. _____x_____x_____		E. _____x_____x_____		F. _____x_____x_____	
Remark:						

10. Additional key information

1	
2	
3	
Anticipated date of planning	Anticipated starting date
Anticipated date of completion	Anticipated budget

Thank you for filling out the form.

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