

NAME \_\_\_\_\_ COMPANY \_\_\_\_\_  
 CONTACT PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_  
 JOB NAME & LOCATION \_\_\_\_\_  
 YOUR ROLE/POSITION    Rep    Dealer    Consultant  
 EXPECTED PURCHASE DATE \_\_\_\_\_  
 EXPECTED INSTALL DATE \_\_\_\_\_  
 EXISTING COOK/CHILL SYSTEM    Yes    No

If you **have** an existing system: (if you do not have an existing please skip to next section)

LIST EXISTING EQUIPMENT \_\_\_\_\_  
 EXISTING CHILLED WATER SOURCE    Yes    No    Description: \_\_\_\_\_  
 EXISTING COMPRESSED AIR SOURCE    Yes    No    Description: \_\_\_\_\_  
 EXISTING PSI \_\_\_\_\_  
 APPROX. DISTANCE THE REMOTE REFRIGERATION PACKAGE(S) ARE LOCATED FROM EQUIPMENT \_\_\_\_\_  
 # OF BENDS \_\_\_\_\_  
 HEIGHT \_\_\_\_\_  
 BRAND/MODEL NUMBER \_\_\_\_\_  
 EXISTING EQUIPMENT THEY WANT TO CONTINUE USING \_\_\_\_\_  
 BRAND/MODEL NUMBERS \_\_\_\_\_  
 UTILITY POWERING EACH PIECE \_\_\_\_\_  
 HOSE FITTING TYPES/SIZES/LENTHS \_\_\_\_\_  
 CAPACITY/PRODUCTION \_\_\_\_\_  
 FLOOR PLAN/LAYOUT    Yes    No    Please provide file. Hand drawn with dimensions and height will work if there's not a file.  
 DO YOU HAVE VENTILATION    Yes    No    CFM & Dimensions with height from floor: \_\_\_\_\_  
 FLOOR TROUGHS & DRAINS    Yes    No  
 DRAWING/LAYOUT/SIZES  
 DISTANCE FROM BACK WALL \_\_\_\_\_

## If you do not have an existing system:

FLOOR PLAN/LAYOUT	Yes	No	Please provide file. Hand drawn with dimensions and height will work if there's not a file.
DO YOU HAVE VENTILATION	Yes	No	CFM & Dimensions with height from floor: _____
FLOOR TROUGHS & DRAINS	Yes	No	
DRAWING/LAYOUT/SIZES DISTANCE FROM BACK WALL	_____		

## Sizing a system:

OPERATION DAYS PER WEEK	_____		
SHIFTS PER DAY	_____		
HOURS PER SHIFT	_____		
PRODUCTION PER DAY & SHIFT	_____		
ITEMS TO BE COOKED	_____		
PORTION SIZE	_____		
# OF RECIPES	_____		
LIQUIDS	Yes	No	Gallons per day: _____
SOLIDS	Yes	No	Pounds per day: _____
COOK TIME PER BATCH	_____		
# OF PEOPLE OPERATING SYSTEM	_____		Calculate 4-6 turns per 8 hour shift.
FOOD SAFETY PLAN, HAACP, ETC.	_____		

Accessories: Reference spec sheets and list with equipment in equipment sections below.

## Needed equipment:

FLOOR PLAN/LAYOUT	Yes	No	Please provide file. Hand drawn with dimensions and height will work if there's not a file.
DO YOU HAVE VENTILATION	Yes	No	CFM & Dimensions with height from floor: _____
FLOOR TROUGHS & DRAINS	Yes	No	
DRAWING/LAYOUT/SIZES DISTANCE FROM BACK WALL	_____		

### KETTLES

QUANTITY	_____	QUANTITY	_____	QUANTITY	_____
CAPACITY	_____	CAPACITY	_____	CAPACITY	_____
HEAT SOURCE	_____	HEAT SOURCE	_____	HEAT SOURCE	_____
AGITATOR TYPE	_____	AGITATOR TYPE	_____	AGITATOR TYPE	_____
VALVE TYPES	_____	VALVE TYPES	_____	VALVE TYPES	_____
CONTROL	_____	CONTROL	_____	CONTROL	_____

### COOKER/CHILLERS, CHILLERS, WATER JETS (WATER/AIR) (MODELS CKPCC/CKIB/CKFF/CKTC)

QUANTITY	_____	QUANTITY	_____
CAPACITY	_____	CAPACITY	_____
COOK &/OR CHILL	_____	COOK &/OR CHILL	_____

### PUMP/FILL (MODELS CKPF/CKSP/CKPP/CKAC/CKHC/CKRS/CKBS/CKCVE/W)

QUANTITY	_____	QUANTITY	_____
CLIP OR HEAT SEAL	_____	CLIP OR HEAT SEAL	_____
AIR COMPRESSOR	_____	AIR COMPRESSOR	_____

### SOUS VIDE

QUANTITY	_____	QUANTITY	_____
ELECTRIC OR DIRECT STEAM	_____	ELECTRIC OR DIRECT STEAM	_____
SIZE	_____	SIZE	_____

## Needed equipment (continued):

### MISCELLANEOUS EQUIPMENT

ICE BUILDER	Yes	No	Description: _____
CRATES/DOLLIES	Yes	No	Description: _____
HOIST/RAIL	Yes	No	Description: _____
CONVEYOR	Yes	No	Description: _____
MEZZANINE/CAT WALK	Yes	No	Description: _____
PUMP FILL ADAPTOR	Yes	No	Description: _____
DRAW OFF VALVE	Yes	No	Description: _____
COVERS	Yes	No	Description: _____
HACCP EXTERNAL RECORDERS	Yes	No	Description: _____
VACUUM SEALER	Yes	No	Description: _____
PRINTER/LABELER	Yes	No	Description: _____
EXTRA FOOD HOSE	Yes	No	Description: _____

## Additional notes:

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Please complete this form and return it to [cs@electroluxprofessional.com](mailto:cs@electroluxprofessional.com). Include specs, drawings and any additional site information available.

For any questions about this form please contact [cs@electroluxprofessional.com](mailto:cs@electroluxprofessional.com) with "Capkold Quote Request" in the subject line. A member of our team will review your questions and reach back out to you shortly.