

Industrial Oven Application Form

Please download this editable PDF to your computer. Once you have filled out all the fields, save your work and send it to ovensales@lewcoinc.com. Or fax a printed version to 419.625.1247

Company: _____

Contact: _____

Address: _____

City, State or Province: _____

Zip or Postal Code: _____

Email: _____

Phone: _____ Fax: _____

Project Reference: _____

Timeframe for: Project Order _____ Quote/Proposal _____

Pricing Requirement: Budget Firm

1. What is the product to be heated? _____

a. Dimensions: _____

b. Weight: _____

2. What are the required internal oven dimensions? (width x depth x height) _____

3. Please indicate any physical space limitations of the installation location:

4. What type of flooring do you require? No Floor 12 ga. Plate Steel Insulated (100 psf max.)
 Other: _____

5. Are solvents present? Yes No

**If solvents are present, you will need a "Class A" Oven under NFPA 86 Standards*

a. If yes, what is the quantity or "solvent load"? _____ (gallons/ batch)

b. What is the solvent? _____

6. Process Type: Continuous Batch

a. If continuous, what are the rates? Upstream: _____ Downstream: _____

7. How is the product loaded/ unloaded? Cart(s) Rack(s) Tray(s) Shelves

Other: _____

8. What is your application? Annealing Baking Curing Drying Pre-Heating

Other: _____

a. If drying, how much water is being evaporated? _____

9. What is the maximum required operating temperature (max. oven set point)? _____ °F °C

10. Is there a known controlled or critical temperature the product must reach? Yes No

a. If yes, is there a controlled rate or critical time requirement to bring the product up to temperature?

11. How long must the product be subjected to operating temperature ("soak"/ dwell time/ cycle time)?

12. Does the process require a controlled cooling cycle? Yes No

a. If yes, please explain: _____

13. What is preferred heating medium?

- a. Natural Gas
- b. Electric
- c. Other: _____

14. What is the preferred heater box location? Top Mounted Rear Mounted

15. What is the preferred air flow pattern? Dual Air Flow Horizontal Air Flow Other:

- a. If other, please specify: _____

16. What is the supply voltage? 480/3/60 240/3/60 Other: _____

17. Do you require any additional options?

- a. Batch Timer (automatically turns off heat at completion): Yes No
- b. Door Switch (disables heat when opened): Yes No
- c. Ramp/ Soak Controller Yes No
- d. Chart Recorder: Yes No
- e. Zero Speed Switch for Fan(s) Yes No
- f. Composite Curing Controls Yes No
- g. Circulation Fan Yes No
- h. Exhaust Fan Yes No
- i. Steam Trap(s): Yes No
- j. Other Control Requirements:

18. Please indicate any requirements for process traceability requiring a chart recorder or data logger:



An ISO 9001:2008 Registered Company

Industrial Ovens

19. Who is responsible for shipment? LEWCO Customer

a. If LEWCO, please provide a shipping address for freight quote:

Same address as above

Address: _____

City, State, or Province: _____

Zip or Postal Code: _____

20. Who is responsible for the equipment installation? LEWCO Customer

a. If LEWCO, in what capacity? Total Supervision

b. Is non-union labor acceptable? Yes No

c. Do you require a budgetary installation quote? Yes No

Please provide any additional information or requirements:

We thank you for this opportunity!