

STI POST ORDER CHECK LIST

484 SouthPoint Circle, Brownsburg, IN 46112

Phone: 317.858.8099 Email: rmckee@biosafeengineering.com

ACCOUNT NAME:: _____ , Invoice Number: _____

Address, _____

Phone,

Fax, _____

End User contact information;

Name, _____

Title, _____

Address, _____

Phone,

Fax, _____

Invoice information;

Name, _____

Title, _____

Address, _____

Phone,

Fax, _____

Ship to address;

Name, _____

Title, _____

Address, _____

Phone,

Fax, _____

Was an Independent Rep or Distributor involved?

Y/N

Name, _____

Company _____

Address, _____

Phone,

Fax, _____

A, Equipment Sold;

- a, Model Number _____, Other _____
- b, Customer Want Date _____
- c, Terms _____
- d, Special requirements _____

B, Options

- a) Carts Y/N, _____, Cart Manufacturer Contact Information:
 - 1, Cart size (s), _____
 - 2, Cart Quantity, _____
 - 3, Cart Specifications attached to hard copy file Y/N

- b) Special Handling, _____
- c) Remote Monitor, _____
- d) Compactor Y/N, _____
- e) Compactor Type, _____
- f) Manufacturer, _____
- j) Local Hauler Contact Information, Company, _____
 - Contact Name, _____
 - Title, _____
 - Address, _____
 - _____
 - _____
 - Phone, _____
 - Fax, _____

- k) Special Installation Requirements, _____
- _____
- _____

- l) Slave Controller, Y/N
- m) Download Capability to CPU, Y/N
- n) Household Bleach, Y/N
- o) Sodium Hypochlorite, Y/N
- p) Size Drum, _____
- q) Local Distributor, Company Name, _____
 - Contact Name, _____
 - Title, _____
 - Address, _____
 - _____
 - _____
 - Phone, _____
 - Fax, _____

C, Site Preparation

- a) **Dock Mounted** Y/N
- b) **Floor Mounted** Y/N
- c) **Special Installation Requirements,** _____

- d) **Room Dimensions,** _____
- e) **Room Height**
Room Drawing included Y/N
(Please attach Hard Copy of Drawing in file)

- h) **Latest Drawing Date,** _____
Supplied by, Company Name, _____
Contact Name, _____
Title, _____
Address, _____

Phone, _____
Fax, _____

E) Shipping Information

- a. **Loading dock or lift gate truck needed,** _____
- b. **Rigger equipment needs,** _____
- c. **Time and delivery parameters,** _____
- d. **Contractor information, Company Name,** _____

Contact Name, _____
Title, _____
Address, _____

Phone, _____
Fax, _____

- e. **Identify Carriers, Company Name,** _____

Contact Name, _____
Title, _____
Address, _____

Phone, _____
Fax, _____

F, Crating Requirements,

F, Utility Information sent to customer

- a. Electrical available, _____
- b. Water pressure and volume, _____
- c. Drain size and location verified, _____
- d. Room ventilation, _____
- e. Steam supplied to room
 - 1) Size, _____
 - 2) PSIG, _____
 - 3) Volume, _____
 - 4) Location, _____
 - 5) PRV, Pressure Reducing Valve, Y/N
- f. Drain is a hard connect Y/N or Air Gap Y/N
Other, Please Specify

G, Delivery

- a. Promised, _____
- b. Expected, _____
- c. Actual, _____