

Tempering System Questionnaire



Contact _____ Title/Department _____

Company _____ Request Date _____

Phone Number _____ E-mail _____

Your office location (city) _____ (state/province) _____

I. GENERAL PROJECT INFORMATION

End User _____

Project Name _____

Project Locations (nearest city and state/province) _____

Needs Assessment

Ready to Purchase ☐

Budgetary/Shopping ☐

Estimated Date of Procurement _____ Estimated Delivery Date of Equipment _____

II. ENVIRONMENT

Incoming Water Temp: Min _____ Max _____ Degree F ☐ Degree C ☐

Skid Location Temp: Min _____ Max _____ Degree F ☐ Degree C ☐

III. SYSTEM INFORMATION

Tempering System Location

Indoor (Model 8780) _____ OR Outdoor (Model 8785) _____

Incoming Potable Water Supply Pressure: Min _____ Max _____

How many showers/eyewash locations must run simultaneously? One (1) ☐ Two (2) ☐

IV. PIPING DETAILS

Shower recirculation loop? YES ☐ NO ☐

Piping: Length _____ Location Indoor ☐ Outdoor ☐ Both ☐

Piping: Diameter _____ Material _____ Wall Thickness (SCH) _____

Distance to Furthest Shower/Eyewash _____

Elevation of Highest Shower _____

Pipe Insulation: Material _____ Thickness _____ R Value _____

If available, please attach a facility or shower loop layout drawing.

V. ELECTRICAL REQUIREMENTS

Junction Box

TYPE 4 (Haws® Standard) ☐ OR TYPE 4X ☐

Power Supply: Voltage 208 V ☐ Single Phase ☐ 60 Hz
 240 V ☐ Three Phase ☐
 480 V ☐
 575/600 V ☐

VI. SPECIAL REQUIREMENTS

Is an ASME rated storage or expansion tank required? Exp. Only ☐ Both ☐
Are there specifications to which this equipment must comply? YES ☐ NO ☐

If yes, please attach specifications.

Haws Services Contract

We are also offering an option for our *Annual Preventative Maintenance Program*, which includes Start-up & Commissioning, plus additional discounts & training. This is a great program, especially if there are additional showers at site, Haws can add annual shower inspections to help keep all safety showers & eyewash stations up to date with the current ANSI requirements. Please see the provided brochure for more information about these services.

VII. NEW SHOWERS AND EYEWASHES

Please complete this section if you require a quote for new showers, combo units, and-or eye/face washes.

Shower/Combination Unit Locations

Number Indoor _____

Number Outdoor _____

Galvanized (Standard) ☐

Heated/Freeze-Protected Shower Eye/Face Wash ☐

Stainless Steel (Corrosion Resistant) ☐

Eyewash Unit Locations

Number Indoor _____

Number Outdoor _____

Galvanized (Standard) ☐

Stainless Steel (Corrosion Resistant) ☐

VIII. ADDITIONAL COMMENTS