

NEW ACCOUNT PLAN CHECK-- DOOR TYPE

Date: _____
 Account: _____
 Address: _____
 Phone: _____ Fax: _____
 Contact: _____

Inspector: _____
 Results from old dishmachine: _____
 Water heater recovery rate: _____ GPH
 Pre-rinse condition: _____
 New booster requirements: _____
 Voltage: Amps: Phase: KW: Rise:
 Water Softener: _____ Hardness: _____
 Door width to bring dishmachine in: _____ Stairs: _____
 Table condition: Broken Leaking Cut No lip
 Instructions: _____

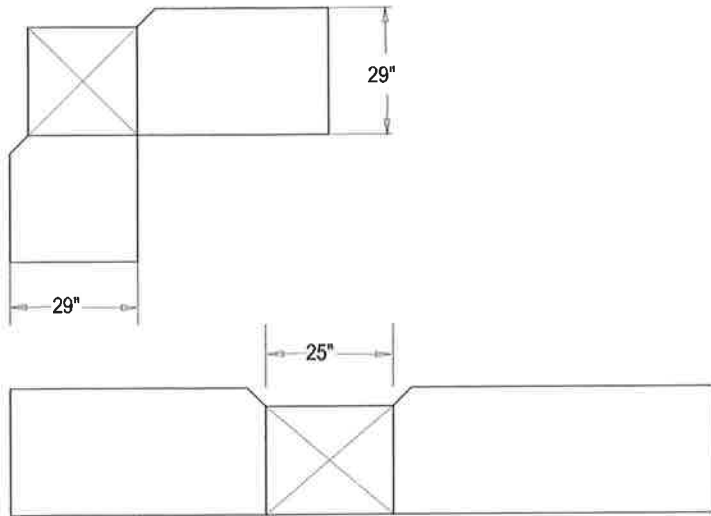
Installation Information

Dishmachine Model: _____ Chem: _____ HI Temp: _____
 Date and time of install: _____
 Old Dishmachine: Leave Store Dispose
 Old booster type: KW:
 Electrical power: Circuit Bkr size: Wire size:
 Plumbing size and height on drain: _____

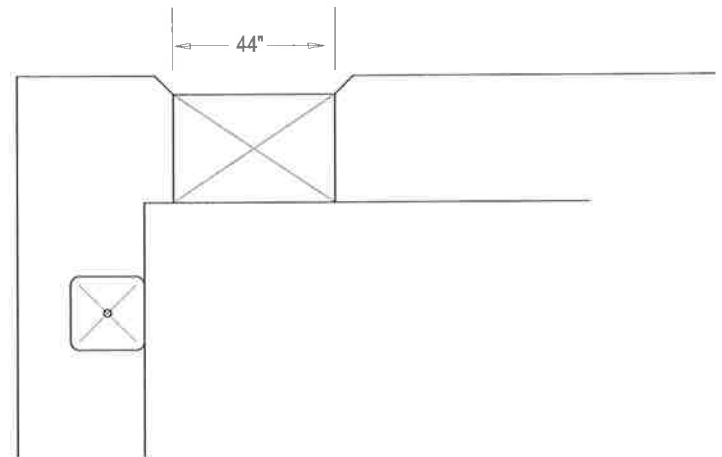
Racks per day: _____ Persons per day: _____
 Single Double Undercounter Corner

Table Layout

- Movable tables:
- Floor sink Location:
- Scrap Trap Location:
- Disposal Location:



Actual volts: _____



Distance from waterheater to dishmachine: _____ feet