



## Penetrant Testing Equipment Checklist

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### Company Information:

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City / State / Zip \_\_\_\_\_

Contact Name: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Country of Installation: \_\_\_\_\_

Part description: \_\_\_\_\_

Largest part dimensions: (Length) \_\_\_\_\_ (Width / Dia.) \_\_\_\_\_ (Height) \_\_\_\_\_

Maximum part weight: \_\_\_\_\_

Process Required (Water Wash, Lipophilic, Hydrophilic) \_\_\_\_\_

Developer required: (wet or dry) \_\_\_\_\_

If wet, is it water soluble or water suspendible? \_\_\_\_\_

If dry, is it applied manually, swirl cloud, or dynamic cloud? \_\_\_\_\_

Expected run rate: (Parts per Hour.) \_\_\_\_\_

Standard Model:

ZA-1227

ZA-1633

ZY-2436



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Custom Model:     ZY-4040             ZY-3448             ZY-3472             ZY-5472  
 Other (Define Dimensions) \_\_\_\_\_

Penetrant application:             DIP                                     Spray  
If Dip, power immersion system required?                     Yes             No  
If Yes, rollers or grated work surface?                     Rollers             Grated

Rinse: Tank type or table top?                    \_\_\_\_\_  
If table top, rollers or grated work surface?                    \_\_\_\_\_

Dryer & Developer: Tunnel Type, front load, or top load?                    \_\_\_\_\_  
   Rollers or grated work surface?                    \_\_\_\_\_

Inspection Booth: HDF or roller work surface?                    \_\_\_\_\_

Drain: Quantity:                    \_\_\_\_\_  
Rest: Quantity:                    \_\_\_\_\_  
Drain & Rest: Rollers or grated work surface:                    \_\_\_\_\_  
Split Roof ( Yes or No)?                    \_\_\_\_\_

Submitted By \_\_\_\_\_ Date \_\_\_\_\_ (MM/DD/YYYY)

For Office Use Only:

|                              |
|------------------------------|
| Customer Number: _____       |
| Quote Number: _____          |
| Purchase Order Number: _____ |