

# Lavo OPL Commercial Site Survey Form

## Laundry Address and Contact Information

NAME	<input type="text"/>
ADDRESS	<input type="text"/>
CITY	<input type="text"/>
ST	<input type="text"/>
ZIP	<input type="text"/>
PHONE	<input type="text"/>
CONTACT	<input type="text"/>
EMAIL	<input type="text"/>

## Distributor Address and Contact Information (if applicable)

NAME	<input type="text"/>
ADDRESS	<input type="text"/>
CITY	<input type="text"/>
ST	<input type="text"/>
ZIP	<input type="text"/>
PHONE	<input type="text"/>
CONTACT	<input type="text"/>
EMAIL	<input type="text"/>

## Ship To - please list "Laundry" or "Distributor"

## Special Receiving Requirements?

## Install Date

DATE	<input type="text"/>
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**Details of the Laundry - same room, separate chemical room, outside shed - please describe**

Location of Products

Loc of Units to Prod (ft)

Bulk Tanks Y / N

Day Tanks Y / N

**Air Supply Y / N Available Pressure (psi)**

Y / N

**Air Fitting Size @ Plant Distance Air Source to Dispenser (Ft)**

Size

**Multi-Outlet Power Supply @ Dispenser Number of Outlets**

Y / N

**Voltage (110v AC, other) Distance Wtr Source to Dispenser (Ft)**

**Water Supply @ System - for Outlet Size list 3/4" GHT for example**

Y / N

Outlet / Spigot Size

PSI

Hot / Cold / Both

**Wall Space Available - Panel size is approx 48" x 60"**

Y / N

**Wall Type - concrete, sheet rock, block, other**

**Floor Space for Free Standing Cabinet - Cabinet dimensions 5.5'W x 6'T x 2.5'D**

Y / N

**Comments / Additional Information**

**Local Wi-Fi Network (in the case of poor / no cellular signal)**

Y / N

Password

2.4 or 5 GHz

**Software Users / Access / Notifications**

**NAME**

**EMAIL**

**POSITION**

NAME

EMAIL

POSITION

**NAME**

**EMAIL**

**POSITION**

NAME

EMAIL

POSITION

**Recommended Installation Materials**

3/8" Nylobraide Tubing, 6-conductor braided, shielded cable, wall anchors

Cable Ties, Gear Clamps, 1/2" Nylobraide Tubing (water line), Four 1" pipe stands

1/2" cable glands for signal cable; 2x4 for panel mounting

Chemical Name (please note if used on more than one valve)	Container Size
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Washing Machine Brand		Serial Number	Capacity Lb
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

Program Signals in secs Y/N		Distance to Unit (ft)
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		

CBW / Tunnel Information				
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Tunnel #	1	2	3	4
Brand / Model				
Number of Modules				
Pocket Size (lbs)				
# of Injection Points				
# of Chems at Inject. Points				
Formula ID - Binary or Protocol 31				
Transfer Time (min:sec)				
Distance to dosing unit (ft)				