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THIS DOCUMENT WILL HELP US PREPARE A PROPOSAL THAT MATCHES YOUR NEEDS. TO COMPLETE THIS FORM, PRINT IT OUT AND RETURN BY MAIL OR FAX AFTER FILLING IN. LEAVE ENTRIES BLANK IF INFORMATION IS UNAVAILABLE. PLEASE PROVIDE AS MUCH INFORMATION AS POSSIBLE. TYPE OR PRINT NEATLY IN BLOCK LETTERS. **USE ONLY ONE QUESTIONNAIRE PER FURNACE**

CUSTOMER NAME			
PROPOSED FURNACE SITE PROVIDE PLANT LAYOUT DRAWING IF AVAILABLE	ADDRESS		
	CITY	PIN	STATE

PROPOSED FURNACE TYPE	FIRST SELECT	THEN SELECT	
	<input type="checkbox"/> BATCH <input type="checkbox"/> CONTINUOUS	FERROUS <input type="checkbox"/> PUSHER <input type="checkbox"/> WALKING BEAM <input type="checkbox"/> WALKING HEARTH <input type="checkbox"/> ROTARY HEARTH <input type="checkbox"/> CONVEYORIZED <input type="checkbox"/> OTHER (SPECIFY)	NON-FERROUS <input type="checkbox"/> TUNNEL <input type="checkbox"/> CHAMBER <input type="checkbox"/> CAR BOTTOM <input type="checkbox"/> PIT <input type="checkbox"/> BELL <input type="checkbox"/> STATIC MELTING <input type="checkbox"/> TILTABLE MELTING <input type="checkbox"/> STATIC HOLDING <input type="checkbox"/> TILTABLE HOLDING <input type="checkbox"/> AGEING <input type="checkbox"/> ANNEALING <input type="checkbox"/> HOMOGENIZING <input type="checkbox"/> SOLUTION TREATMT <input type="checkbox"/> BILLET HEATING
TYPE OF HEATING ATTACH SPECIFICATIONS OF FUEL IF AVAILABLE TICK MULTIPLE BOXES IF BOTH OIL AND GAS REQUIRED	<input type="checkbox"/> FURNACE OIL <input type="checkbox"/> LDO <input type="checkbox"/> HSD	<input type="checkbox"/> LSHS <input type="checkbox"/> KEROSENE <input type="checkbox"/> LPG	<input type="checkbox"/> NATURAL GAS <input type="checkbox"/> PROPANE <input type="checkbox"/> MIXED GAS <input type="checkbox"/> COKE OVEN GAS <input type="checkbox"/> PRODUCER GAS <input type="checkbox"/> OTHER (SPECIFY)
	CALORIFIC VALUE	GAS SUPPLY PRESSURE	<input type="checkbox"/> ELECTRICALLY HEATED (FILL BELOW) VOLTS HERTZ

CAPACITY/OUTPUT	<input type="checkbox"/> METRIC TONS <input type="checkbox"/> METRIC TONS PER HOUR		(NON-FERROUS MELTING ONLY) MELT RATE KG PER HOUR	
USEFUL DIMENSIONS IN METRES	INTERNAL LENGTH	INTERNAL WIDTH	INTERNAL HEIGHT	INTERNAL DIAMETER
TEMPERATURE IN DEGREES C	OPERATING TEMPERATURE		MAX FURNACE TEMPERATURE	
TEMPERATURE UNIFORMITY IN DEGREES C	OF CHARGE AT END OF SOAK	±	OF FURNACE AT END OF SOAK	±
				NUMBER OF TEMPERATURE CONTROL ZONES

PROCESS SPECIFICS ATTACH ADDITIONAL SHEETS IF NECESSARY	DESCRIBE PROCESS IN DETAIL AND PROVIDE SPECIFICS OF HEAT TREATMENT OR HEATING CYCLE			
	<input type="checkbox"/> HEATING <input type="checkbox"/> HEAT TREATMENT <input type="checkbox"/> DRYING <input type="checkbox"/> MELTING <input type="checkbox"/> OTHER			
HEATING CYCLE IN DEGREES C PER HOUR	MAX RATE OF HEATING	MIN RATE OF HEATING	SOAKING TIME REQD	(ATTACH TIME-TEMPERATURE PROFILE)

FURNACE PROPOSAL QUESTIONNAIRE



CHARGE MATERIAL ATTACH ADDITIONAL SHEETS IF NECESSARY	SPECIFICATIONS AND COMPOSITION (FOR NON-FERROUS MELTERS, COMPOSITION OF CHARGE MIX)				
CHARGE DIMENSIONS PER PIECE, IN METRES IF IRREGULAR SHAPE, PLEASE ATTACH DRAWING OF CHARGE	MIN LENGTH	MIN WIDTH	MIN HEIGHT	MIN DIAMETER	MIN WEIGHT
	MAX LENGTH	MAX WIDTH	MAX HEIGHT	MAX DIAMETER	MAX WEIGHT
CHARGE DESCRIPTION ATTACH ADDITIONAL SHEETS IF NECESSARY	ADDITIONAL DETAILS OF CHARGE SHAPE, SIZE, WEIGHT OR UNIQUE CHARACTERISTICS				
REFERENCE CHARGE PER PIECE, IN METRES	FURNACE SIZE AND PERFORMANCE GUARANTEE WILL BE BASED ON REFERENCE CHARGE DETAILS				
	LENGTH	WIDTH	HEIGHT	DIAMETER	WEIGHT

ATMOSPHERE	<input type="checkbox"/> NONE <input type="checkbox"/> NITROGEN <input type="checkbox"/> ENDO-GAS <input type="checkbox"/> OTHER (ATTACH DETAILS)			
REFRACTORY	<input type="checkbox"/> FULL BRICK CONSTRUCTION <input type="checkbox"/> CERAMIC FIBRE <input type="checkbox"/> WESMAN RECOMMENDATION			
INSTRUMENTATION CHECK AS MANY AS APPLICABLE IF OTHER, ATTACH DETAILS OF PROPOSED CONTROL SYSTEM	<input type="checkbox"/> MANUAL TEMPERATURE CONTROL <input type="checkbox"/> ON-OFF TEMPERATURE CONTROL <input type="checkbox"/> PID-BASED TEMPERATURE CONTROL <input type="checkbox"/> RATIO CONTROL WITH RATIOCONTROL <input type="checkbox"/> PLC-BASED PROCESS CONTROL <input type="checkbox"/> PLC-BASED SEQUENCE CONTROL <input type="checkbox"/> FURNACE PRESSURE AUTO CONTROL		<input type="checkbox"/> MASS FLOW CONTROL <input type="checkbox"/> MANUAL IGNITION <input type="checkbox"/> AUTOMATIC IGNITION <input type="checkbox"/> FLAME FAILURE INDICATION <input type="checkbox"/> FAULT ANNUNCIATION <input type="checkbox"/> TEMPERATURE RECORDING <input type="checkbox"/> OTHER (SPECIFY)	
ADDITIONAL SCOPE OF SUPPLY CHECK AS MANY AS APPLICABLE	<input type="checkbox"/> POWER AND CONTROL CABLES <input type="checkbox"/> MANUAL CHARGE AND DISCHARGE <input type="checkbox"/> ELECTROMECHANICAL CHARGE AND DISCHARGE <input type="checkbox"/> CHARGE-SIDE ROLLER CONVEYOR <input type="checkbox"/> DISCHARGE-SIDE ROLLER CONVEYOR <input type="checkbox"/> CHARGE PUSHER <input type="checkbox"/> CHARGE EJECTOR <input type="checkbox"/> CHARGE EXTRACTOR		<input type="checkbox"/> PINCH ROLL MECHANISM <input type="checkbox"/> CHARGE MANIPULATOR <input type="checkbox"/> BILLET SEPARATOR <input type="checkbox"/> OIL QUENCH TANK <input type="checkbox"/> WATER QUENCH TANK <input type="checkbox"/> RECUPERATOR <input type="checkbox"/> CHIMNEY <input type="checkbox"/> OTHER (SPECIFY)	
ERECTION AND COMMISSIONING	<input type="checkbox"/> TOTAL E&C <input type="checkbox"/> ONLY SUPERVISION OF E&C <input type="checkbox"/> ONLY COMMISSIONING			

ADDITIONAL INFORMATION PLEASE TYPE OR PRINT IN BLOCK LETTERS	USE THIS SPACE TO PROVIDE ANY OTHER RELEVANT INFORMATION TO AID OUR PROPOSAL		
ATTACHMENT CHECKLIST CHECK IF PROVIDED AS ATTACHED DOCUMENTS	<input type="checkbox"/> PLANT LAYOUT DRAWING <input type="checkbox"/> FUEL SPECIFICATIONS <input type="checkbox"/> PROCESS DESCRIPTION	<input type="checkbox"/> TIME-TEMPERATURE PROFILE <input type="checkbox"/> CHARGE DRAWING <input type="checkbox"/> CHARGE DESCRIPTION	<input type="checkbox"/> CHARGE COMPOSITION <input type="checkbox"/> ATMOSPHERE DETAILS <input type="checkbox"/> CONTROL SYSTEM

AUTHORIZATION	NAME OF PERSON COMPLETING THIS FORM		DESIGNATION	
	SIGNATURE		PHONE	FAX
	DAY	MONTH	YEAR	EMAIL