

System Information Sheet

Your Company Name, Address, Logo, Etc. here.

Date: _____

Estimator: _____

Name: _____ 1st Contact & Position: _____

Address: _____ Contact Phone: _____

City: _____ State/Prov.: _____ 2nd Contact & Position: _____

Bus. Phone: _____ Security or 2nd Contact Phone: _____

Kitchen/type of cooking: _____

Cleaning System Description	Degree of Build-Up	Finished Condition	Estimated Man Hours
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Hoods # of: _____ Type: * _____

Filters # of: _____ Type: * _____

Ducts # of: _____ Type: * _____

Fans # of: _____ Type: * _____

Location of fan switch: _____ Location of breaker panel: _____

Fan Breaker No.: _____ Location of best outlets: _____

Access Panels # of: _____ Locate: _____

Access required: Y / N Locate: _____ # of: _____ Size: _____

Floor Drains OK: Y / N Appliances on wheels: Y / N Best source of water: _____

Job Flow

Estimate: Men: _____ (times) hours: _____ M/Hr Total Hours: _____ Total travel time: _____

Best Day & Time: _____ Last Cleaning: _____ By Whom: _____ Cost: \$ _____

Frequency: Required: _____ Desired: _____

Other Cleaning (list)

Previous Problems (explain)

Special Equipment

Ladder
Steam Cleaner

Special Arrangements

Security/keys
Phone/timing
Cautions/parking

Other

Rooftop Protections
Waste water Control
Other Contacts

Comments: (use additional papers as required)

See Attached Paperwork _____

*(Metal/Design)