

	PROJECT-CHECKLIST Covering sheet		
<input type="checkbox"/> Offer <input type="checkbox"/> Budget Offer Language of offer: _____ Requested date: _____			
Customer:		Contact: _____ Position: _____	
Address: _____ Phone: _____ Fax: _____ Email: _____		Location of machine: _____	
Country: _____			
<i>Customer already has ROVEMA machines:</i>			
Short description of scope of offer: (Product, kind of packaging, capacity) <input type="checkbox"/> Dosing <input type="checkbox"/> Bagging machine <input type="checkbox"/> Cartoner <input type="checkbox"/> SBS-Machine <input type="checkbox"/> Final Packaging <input type="checkbox"/> Miscellaneous: _____			
Budget for requested machine: Situation of conc. competitors: _____ Required date of delivery: _____			
Protection class: <input type="checkbox"/> Standard, RAL 9007 Grey aluminum laquered <input type="checkbox"/> VA-machine <input type="checkbox"/> ATEX			
Cleaning instructions for machines at customer: <input type="checkbox"/> dry <input type="checkbox"/> wet <input type="checkbox"/> wet with cleansing agents			
Machine marking (language): _____ Documentation: <input type="checkbox"/> Customer (language): _____ Number: _____ - times			
Services: Number of shifts at production: _____ shifts <input type="checkbox"/> Offer for assembly (delivery address hast to be given!) <input type="checkbox"/> FCA <input type="checkbox"/> CIP <input type="checkbox"/> FOB <input type="checkbox"/> Spare parts package for 1 year <input type="checkbox"/>			
Elektrical Equipment: <input type="checkbox"/> Standard (400 V ± 5%, 3 Ph, N, PE; 50 Hz ± 1%) <input type="checkbox"/> special: _____ V , _____ Hz			
Control: <input type="checkbox"/> P@ckControl <input type="checkbox"/> Rockwell			
Surrounding conditions: <input type="checkbox"/> <i>standard</i> (rel. Air humidity max. max. 50% at 40°C; max. 90% at 20°C, temperature 5 °C - 35°C) <input type="checkbox"/> <i>special:</i> _____			



<input type="checkbox"/> <input type="checkbox"/> Right hand machine	<input type="checkbox"/> Left hand machine
<input type="checkbox"/> <input type="checkbox"/> Filling at the VFFS-machine(s)	<input type="checkbox"/> Filling at chain system
Bag top shape(s), abbreviation according to sheet or sketch: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/> Bag discharge: <input type="checkbox"/> to the front side <input type="checkbox"/> to the rear side <input type="checkbox"/> linear	

[illegible]

No.	Date	Remarks / Sketches:

Datum:	Seite: /
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