



Demo Equipment Checklist

Technical Services

Date:	
Customer Name:	

SWD Contact:	
SWD Technical Rep:	

Truck/Trailer Size:			
Generator Size:			
Compressor Size:			
Air Dryer:	Yes:	<input type="checkbox"/>	
	No:	<input type="checkbox"/>	
	Type:		

Proportioner Size:			
Spray Hose Length:			
Gun Type:			
Mixing Chamber Size:			
Transfer/Supply Pump Type:			
Resin Mixer Type:			
Current SPF System:			
Spare Parts:			
Respirator Type:			
Fresh Air:	Yes:	<input type="checkbox"/>	
	No:	<input type="checkbox"/>	
	Type:		
Heater Size:	8KW:	<input type="checkbox"/>	
	10KW:	<input type="checkbox"/>	
	15KW:	<input type="checkbox"/>	