



How to complete this form:

- 1. Please download form
- 2. Answer the questions
- 3. E-mail completed form to Dean L. Jones
(Click the "E-mail" button below)

Turnkey RFQ Form rev TK1.1.0

Customer Survey and Request for Proposal

Customer Name:
Division:
Address:
City, State, Zip:
Buyer:
Phone:
Fax:
E-mail:

Submitted Date:
Salesperson:
Tech. Contact:
Phone:
Fax:
E-mail:

RFQ Type

<input type="checkbox"/> Competitive	<input type="checkbox"/> Budgetary	<input type="checkbox"/> Verbal	<input type="checkbox"/> Customer Provided Official RFQ
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RFQ Content

<input type="checkbox"/> Full Turnkey	<input type="checkbox"/> Time Study Only	<input type="checkbox"/> Machine Recommendation
<input type="checkbox"/> Engineering Services Only	<input type="checkbox"/> Machine Only	<input type="checkbox"/> Accessories Only

1. Key dates: Quote Due Date:_____ Target PO date:_____ Target Project Completion Date:_____
2. Is this a repeat machine? Y N If yes provide reference Quote and/or Project number: _____
3. Does the customer have the order for this work? Y N
4. Is this project funded? Y N
5. Is this part currently in production at the customer's facility? Y N

If yes, provide photos and details of current process including tool lists, fixturing schemes, cycle times and any other information to assist in developing an accurate quotation.

6. Workpiece Information::
 - o List ALL Part Number(s): _____
 - o Attach 2D & 3D engineering drawing of each part #
 - o Include drawing of part condition prior to this operation
 - o Include machining drawing / Hi-Lite features we are to machine

7. Identify material: _____

Include raw stock print with machining print to show target points and stock allowances.

8. Production rate: _____ parts/yr _____ days/yr _____ hours/day 85% efficiency

9. Target cycle time per part: _____ seconds
10. Is there a target price for this solution? Y N If yes, please provide _____
11. Who is Midstates' competition for this opportunity? _____

01.00 Machine and Options **Not Applicable**

01.01	List the customer's desired brand and model of machine tool for this project. _____
01.02	List specific options that the customer wants on the machine(s): _____

02.00 Fixturing and Chucking Considerations **Not Applicable**

02.01	Specify part clamping:	<input type="checkbox"/> Hydraulic	<input type="checkbox"/> Pneumatic	<input type="checkbox"/> Manual	
02.02	Clamp Actuation	<input type="checkbox"/> Pushbutton	<input type="checkbox"/> PLC	<input type="checkbox"/> M-Code	<input type="checkbox"/> Manual
02.03	List customer's preferred vendors:	_____			
02.04	Provide any additional information:	_____			

03.00 Tooling Considerations **Not Applicable**

03.01	Number of durable sets of tooling required:	_____
03.02	Number of perishable inserts required per tool:	_____
03.03	Number of spare tool sets required:	_____
03.04	List the customer's preferred type and brand of tooling:	_____
03.05	Provide any additional tooling information:	_____

04.00 Coolant and Chip Handling Considerations **Not Applicable**

04.01	What type of chip conveyor does the customer require?	<input type="checkbox"/> Recommend	<input type="checkbox"/> None
	<input type="checkbox"/> Hinge belt	<input type="checkbox"/> Scraper	<input type="checkbox"/> Magnetic
	<input type="checkbox"/> Other	<input type="checkbox"/> Microfine	<input type="checkbox"/> Chip Auger
		Preference _____	
04.02	What is the required discharge height for the conveyor?	<input type="checkbox"/> Standard	<input type="checkbox"/> _____ inches
04.03	<input type="checkbox"/> Y <input type="checkbox"/> N	Will equipment be located on a flume or other in-plant coolant system? Explain _____	
04.04	<input type="checkbox"/> Y <input type="checkbox"/> N	Does the customer require specific coolant to be used? Explain _____	
04.05	Identify any additional coolant, filtration and chip-handling equipment required: _____		
04.06	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Rec.	Does the customer expect a high-pressure coolant system? Pressure _____ psi Preferred Brand _____	

05.00 Environmental Considerations

Not Applicable

05.01	<input type="checkbox"/> Y <input type="checkbox"/> N	Does the customer expect a coolant mist collector to be supplied? Preference _____
05.02	<input type="checkbox"/> Y <input type="checkbox"/> N	Will the equipment be used on a central mist collection system?
05.03	<input type="checkbox"/> Y <input type="checkbox"/> N	Does the customer expect a dust collection system? Preference _____
05.04	<input type="checkbox"/> Y <input type="checkbox"/> N	Does the customer require sound level test and modifications? Explain _____

06.00 Safety Considerations

Not Applicable

06.01	<input type="checkbox"/> Y <input type="checkbox"/> N	Do customer safety standards exist? If Yes, please identify _____
06.02	What safety services and equipment will be required? <input type="checkbox"/> Risk Analysis <input type="checkbox"/> Light Curtains <input type="checkbox"/> Palm Buttons <input type="checkbox"/> Lockout Placards <input type="checkbox"/> Flange Disconnect <input type="checkbox"/> Dual Channel Safety <input type="checkbox"/> PLC <input type="checkbox"/> Other _____	

07.00 Material Handling and Part Loading Considerations

Not Applicable

07.01	What type of part loading is required	<input type="checkbox"/> Auto	<input type="checkbox"/> Manual
07.02	What material handling equipment will be required? <input type="checkbox"/> None <input type="checkbox"/> Load assist <input type="checkbox"/> Robot <input type="checkbox"/> Gantry <input type="checkbox"/> Bar Feeder <input type="checkbox"/> Part Catcher <input type="checkbox"/> Unloader <input type="checkbox"/> Conveyor In <input type="checkbox"/> Conveyor Out <input type="checkbox"/> Other		
07.03	List preferred vendors for material handling: _____		

08.00 Customer Specific Considerations

Not Applicable

08.01	<input type="checkbox"/> Y <input type="checkbox"/> N	Do customer specifications apply? If Yes, provide most recent specifications.
08.02	<input type="checkbox"/> Y <input type="checkbox"/> N	Does the customer require any specific non-manufacturer options?
08.03	<input type="checkbox"/> Y <input type="checkbox"/> N	Does the customer require special paint colors? _____
08.04	<input type="checkbox"/> Y <input type="checkbox"/> N	Does the customer have any standards for reliability and maintainability, accuracy or tolerance, which will apply to the proposed equipment, system or process?
If yes to any above, provide details. _____		

9.00 Gauging Considerations

Not Applicable

09.01	<input type="checkbox"/> Y <input type="checkbox"/> N	Does the customer require bench or automatic gauges for this project?
09.02	<input type="checkbox"/> Y <input type="checkbox"/> N	Does the customer require automatic feedback to update tool offsets?
09.03	<input type="checkbox"/> Y <input type="checkbox"/> N	Does the customer have any standards for reliability and maintainability, accuracy or tolerance, which will apply to the proposed gauging equipment?
09.04	<input type="checkbox"/> Y <input type="checkbox"/> N	Does the customer have any preferred vendors for gauging?
If yes to any above, provide details. _____		

10.00 Process Capability & Runoff Considerations at Midstates **Not Applicable**

10.01	<input type="checkbox"/> Y <input type="checkbox"/> N	Does the customer have a specified Acceptance Test Plan that will apply? If Yes, provide ATP with RFQ.
10.02	<input type="checkbox"/> Y <input type="checkbox"/> N	20 hour dry cycle test required?
10.03	Acceptance criteria:	_____ parts _____ hours _____ cpk
10.04	<input type="checkbox"/> Y <input type="checkbox"/> N	Customer supplied raw material for process development and runoff.
10.05	<input type="checkbox"/> Y <input type="checkbox"/> N	Customer provided certified gauges for process development and runoff.
10.06	<input type="checkbox"/> Y <input type="checkbox"/> N	Customer supplied machine operators for the runoff at Midstates.
10.07	<input type="checkbox"/> Y <input type="checkbox"/> N	Customer supplied inspection personnel for the runoff at Midstates.

11.00 Customer Site Details

11.01	Installation Address	_____			
11.02	Plant Voltage	240 VAC	Cycles 60 hz	<input type="checkbox"/> Delta	<input checked="" type="checkbox"/> WYE
11.03	Plant Air Pressure	100 psi	_____ cfm		
11.04	FOB Point				
11.05	Union Facility?	<input type="checkbox"/> Y <input type="checkbox"/> N			
11.06	Will customer provide skilled trades installation assistance?				

12.00 Process Capability & Runoff Considerations at Customer Site **Not Applicable**

12.01	<input type="checkbox"/> Y <input type="checkbox"/> N	Will the runoff requirements at the customer site be identical to the runoff requirements performed at Midstates? Note details of changes for no answer below. _____
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13.00 Documentation and Training Considerations **Not Applicable**

13.01	Documentation is required in English (and): _____		
13.02	Check all documentation required by the customer		
	<input type="checkbox"/> Fixture	<input type="checkbox"/> Tooling	<input type="checkbox"/> Program
	<input type="checkbox"/> Pneumatic	<input type="checkbox"/> Additional Machine Manuals	<input type="checkbox"/> Electrical
			<input type="checkbox"/> Hydraulic
13.03	List training requirements beyond installation:		Number of complete sets
	<input type="checkbox"/> Operator	Number of days 0	Shifts <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd
	<input type="checkbox"/> Programming	Number of days 0	Shifts <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd
	<input type="checkbox"/> Maintenance	Number of days	Shifts <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd

14.00 Controls & Software **Not Applicable**

14.01	<input type="checkbox"/> PLC	<input type="checkbox"/> HMI	Preference _____		
14.02	Part or Tool Tracking				
	<input type="checkbox"/> Laser	<input type="checkbox"/> Ink	<input type="checkbox"/> Dot Peen	<input type="checkbox"/> RFID	<input type="checkbox"/> Hydraulic
14.03	Data Collection				
	<input type="checkbox"/> FIS	<input type="checkbox"/> ANDON	<input type="checkbox"/> SCADA	<input type="checkbox"/> Part Traceability	

15.00 Other **Not Applicable**

15.01	Provide any addition information that will be helpful:
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