

Ozone laundry Survey Page 1

Property Name:		Date:			
Address:					
City:State	e:	Zip:			
Phone:	Fax:				
Your Name:	State: Zip:				
ivialiagei s ivallie.					
Chief Engineers Name:					
Executive Housekeepers Name:					
Installation Address:					
Facility Type: Hotel: Mo	tel:Hospital: _	Nursing Home	<u></u>		
How many Rooms / Beds on the	e nronerty:				
Does the property have a kitches	n?				
Does the property have a restaur	rant?				
Does the property have banquet	facilities?				
1 1 3					
What is the average occupancy	of the property?				
Ozone Laundry Survey					
1 Harrimani dava a rican da		vata.			
1. How many days a year do		rate	 		
2- How many hours per day		1			
3- How many pounds of lau			11		
Tunnel Washer:lbs			lbs		
4- How many pounds of lau			11		
Tunnel Washer:l		Washer:	lbs		
5- Percentage of soiled line					
Light: % Mediu	ım·	avv: %			

6-	Average ambient incoming cold water temperature F/C							
7-	- What do you heat your hot water temperature to F/C							
8-	What is your costs for	r natural gas_	propane	fuel oil	electric			
per th	erm per gal	lon	_ electric	_ delivery an	d taxes			
9-	What is your cost per	kilowatt hour						
10	- What is your cost per	thousand gallo	ons of water _					
2.	What is your sewer ch	narges per thous	sand gallons o	f water				
3.	3. How much do you spend on laundry chemicals per year							
4.	4. How much do you spend on linen replacement per year							
5.	What is the temperatu	re of your laun	dry area F/C_					
6.	How many washers an	nd size in poun	ds capacity					
	1							
	2							
	3							
	4							
	5							
	6							
	7							
	8.							

 Ozone Laundry Systems
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