



The purpose of this **Cleaning Problem Assessment** questionnaire is to collect general information about your specific cleaning needs. This will enable our application specialists to get a picture of your cleaning problems and offer you cost-effective practical solutions for consideration.

Company Name:
Contact Name:
Title:
Address 1:
Address 2:
Phone:
Fax:
E-mail:

Where or how did you hear about us?

What is the nature of your company's business?

Approximate square footage of area to clean?

What cleaning equipment are you using or have you tried?
(Please give name and type of equipment if available)

What areas are you most concerned about cleaning? (Check all that are appropriate or fill in blanks)

- Floor: Type of floor
- Aisleways: Width between aisles
- Overhead areas: How High?
- Under machinery: How accessible?
- Other information: (Please be specific)

What type of debris do you need to collect? Please note the physical properties of the debris (check all that apply):

- Dry Wet Hazardous
 Lightweight Heavy Very Fine

Type of material:

Size of debris:

Is fine dust airborne? Yes No Volatile? Yes No

Temperature of debris and/or equipment to be cleaned:

- Room Temp Other °F °C

Other characteristics (Please list)

If you collected the debris for one day, how much would you accumulate?

- Less than a 5-gallon bucket About a 5-gallon bucket
 More than a 5-gallon bucket, but less than a 55-gallon drum
 About a 55-gallon drum More than a 55-gallon drum

How often do you normally clean the area or remove the debris?

- Daily Weekly Monthly Annually

Other (Please specify)

What is your budget for this project? \$US

How many maintenance personnel do you employ?

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