Aerotest Customer Initial Sales Enquiry Questionnaire

Date: / / Aero Engine Test Facilities

ATSQ - 001

ISS - 001

Introduction

Thank you for your enquiry and interest in our product.

Aerotest Limited was established in England in 1990 and has been successfully trading ever since.

From its headquarters in the UK and personnel around the world, Aerotest is dedicated to providing a wide range of "state of the art" solutions from its extensive experience in design, manufacture, project management, installation and correlation of aerospace-related test facilities.

Aerotest provides quality, cost effective products and solutions for military and commercial applications for all types of aero engine testing, including components.

Aerotest staff has extensive experience with all facets of test cell design and Aerospace related products:

- Providing engineering, manufacturing and custom turnkey test cell facilities.
- Refurbishment of existing facilities.
- Providing a full array of engine test support equipment.

Aerotest Limited understands the importance of improving operations, lowering aircraft down time and avoiding AOGs by developing and providing preventive maintenance solutions.

Our quality management system certified to BS EN ISO 9001:2008 ensures that our products and services are designed, provisioned and maintained to the highest standards.

Questionnaire Objective

This questionnaire is issued to develop our understanding of a potential Customers enquiry.

Your response to the questionnaire will assist Aerotest Ltd in ensuring that our product supply quotation is as accurate as possible and reflects the Customers' requirements.

Customer Information

Customer Details				
Customer Name				
Registered Address				
Country				
Parent Company Name (If Applicable)				
Customer Points of Co	ntact (P	OC)		
Primary POC			Alternate POC	
Name			Name	
Phone Number			Phone Number	
Mobile Phone Number			Mobile Phone Number	
Email			Email	
	N			
End User Identification	n (If diff ϵ	erent to custom	ner above)	
End User Name				
Registered Address				
Country				
Parent Company Name (If Applicable)	2			
Palationship to End Us	or			

End User Points of Contact (If different to customer above)

Primary POC	Alternate POC
Name	Name
Phone Number	Phone Number
Mobile Phone Number	Mobile Phone Number
Email	Email

Customer Requirements Questionnaire

1. Brief description of Facility	
(i.e. Engine Test facility, Oil pump Rig, Fuel Nozzle	facility etc.)
2. Engine types and variants or Engine componen	ts name and part numbers to be tested.
	·
3. Is this a full 'turnkey' or collaborative project?	
Full Turnkey □	Collaborative □
4. If this is to be a collaborative project please pro	ovide details of Aerotest scope of supply.
5. Do you have a 'scope of supply' or facility speci	fication document?
(If yes please attach to this questionnaire)	
6. Is this a new facility or modification to an existi	
New Facility □	Modification to Existing □

(<i>If yes,</i> please supply copy of schedule. <i>If No please</i> engine or component will be tested to.)	e provide brief description of the test, that the
Yes □	No □
If No, description of test?	
8. Where is the facility to be located?	
9. When do you require the facility to be complet	ed?
10. Approximate number of engines/components	to be tested per/year.
For a Large Scale Full Engine Test Facility go t	o Question 17.
11. What is the Size (H x W x D) of the available sp	pace for the Facility?
12. Are 3 or single phase electrical supplies readily (Please give details i.e. voltage, frequency)	y available?
10. Approximate number of engines/components For a Large Scale Full Engine Test Facility go t 11. What is the Size (H x W x D) of the available sp 12. Are 3 or single phase electrical supplies readily	to be tested per/year. o Question 17. pace for the Facility?

7. Do you have a copy of the test schedule that the component or engine will be tested against?

13. Is mains & drains water available? (If known please provide max pressure & flow rate	os)
(i) Known piedse provide max pressure a flow rate	
14. What is the max & min ambient temperature	s at the facility location?
Min	Max
15. What other equipment (if any) is in the area?	
16. Are there any noise limitations in the area?	
Yes □	No □
If yes, what are they?	
Go to Question 22.	
	ing please provide details of building including any
photographs. Please also include any additional a welfare facilities (i.e. toilets, kitchen, showers), cr	

	etails of area and available space including any
photographs. Also include any additional areas of	r rooms required e.g. Engine prep. area, welfare
facilities (i.e. toilets, kitchen, and showers) crew	
19. Are 3 or single phase electrical supplies read	ly available?
(Please give details i.e. voltage, frequency)	
20. Is mains & drains water available?	
	res)
20. Is mains & drains water available? (If known please provide max pressure & flow ra	res)
	res)
(If known please provide max pressure & flow ra	
(If known please provide max pressure & flow ra	o the proposed new area or existing building & are
(If known please provide max pressure & flow ra	
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(If known please provide max pressure & flow ra	

22. Please advise any further information considered re	elevant to this initial questionnaire in the
space's below	
23.	
24. Please advise how you became aware of our produ	
	ct and our contact details. I.e. Website,
Recommendation, Other.	ct and our contact details. I.e. Website,
	ct and our contact details. I.e. Website,
Recommendation, Other.	ct and our contact details. I.e. Website,
Recommendation, Other.	ct and our contact details. I.e. Website,
Recommendation, Other.	ct and our contact details. I.e. Website,
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Recommendation, Other.	ct and our contact details. I.e. Website,
Recommendation, Other.	ct and our contact details. I.e. Website,
Recommendation, Other. (Please detail) Questionnaire Completed by	
Recommendation, Other. (Please detail)	Position in Organisation
Recommendation, Other. (Please detail) Questionnaire Completed by	
Recommendation, Other. (Please detail) Questionnaire Completed by (Print Name)	
Recommendation, Other. (Please detail) Questionnaire Completed by	Position in Organisation