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www.MapleGroveEnterprises.com

Your Complete Facility Maintenance Solution

Bin Cleaning Service

Company: _____ Contact Person: _____
 Address: _____ Telephone: _____
 City: _____ State: _____ Zip: _____ Date: _____
 Email: _____

Please provide prints or a detailed drawing of the vessel.

Why do you require this cleaning service? _____

When is the container available for cleaning? From: _____ To: _____

Is the container indoors or outdoors? Indoors Outdoors

Roof Opening(s): Square Round Rectangle **Height of lip on manhole:** ___ft. ___in. **Roof Thickness:** ___ft. ___in.

Is there an elevator to the top of the container? Yes No

Are there air slides or other fluidizing equipment? Yes No

Is there a dust collection system? Yes No

Are there structural supports inside the container? Yes No

A liner or coatings inside the containers? Yes No

Air Supply Available? Yes No

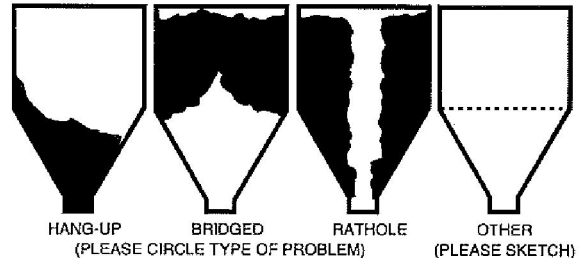
Power Available: 110V 220V 440V

Type of Bottom: Flat Cone Sloped Other

Type of material: _____

Estimate amount of material held up: _____ tons

Planned storage capacity: _____ tons



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Fully Insured – All Employees Trained in Confined Space and OSHA 10-Hour Safety Certified