

Plastic Strapping Presales Survey

**Sales Rep:** Enter name here. **Technical Sales Support (TSS):** Enter name here.

**Original Date:** Enter date here. **Revision Date:** Enter date here.

**Date of original site visit:** Date of ﬁrst site visit. ☐Remote customer **TSS visit:** ☐Not required ☐Required

**OEM(s):** Enter suggested Manufacturer(s) & Model(s)

#  General Information

* 1. Customer Information

|  |  |  |  |
| --- | --- | --- | --- |
| Company Name: |  Enter Legal Name here.  | Contact Name: |  Enter contact name here.  |
| Address: | Enter text here. | Title: | Enter text here. |
| City: | Enter text here. | Phone: | Enter phone here. |
| Prov / Postal Code: | Enter text here. | Email: | Enter email here. |
| Budget: | Enter budget here. | Install timeline: | Enter requested date here. |
| Opportunity #: |  Enter # from WPCRM.  | Customer #: |  Enter CSD customer # here.  |

* 1. Customer requirements
		+ New Installation ☐Replacement ☐Additional

If replace/add: Manufacturer: Enter text here. Model: Enter text here. Quantity: Enter text here. Language: ☐English ☐French

General notes: Enter general notes here.

#  Site Information

* 1. Installation Area
		+ Packaging ☐Warehousing ☐Manufacturing ☐3PL/Distribution
		+ Other: Enter text here.
	2. Environment

Temperature: ☐ Ambient/Warehouse ☐ Cool/Refrigeration (Above 4 C) ☐ Cold/Freezer (Below 4 C) Min Temp: Enter text here. C Max Temp: Enter text here. C

Humidity: Enter text here. % ☐Condensing ☐non-condensing

\*Note: humidity generally condenses above 100% causing moisture to form on surfaces.

Air Quality:

* Clean ☐Dusty/Particulates ☐Corrosive ☐Static Electricity
* Wet/Washdown ☐Food Grade required
	1. Operating hours

Shifts per day: Click or tap here to enter text. Hours per shift: Click or tap here to enter text. Days of the week: ☐Sun ☐Mon ☐Tue ☐Wed ☐Thu ☐Fri ☐Sat

Notes: Click or tap here to enter text.

* 1. Electrical (What electrical is available at the customer site)

|  |  |  |  |
| --- | --- | --- | --- |
| Voltage: | ☐120v ☐240v | ☐480v ☐600v |  |
| Phase: | * 1phase
 | * 3 phases
 | * Other - Enter text here. \*i.e. 3 phases + Neutral
 |
| Frequency: | ☒60Hz |  |  |

Amps: Enter text here. Other notes - Enter text here.

* 1. Compressed Air Supply

Available: ☐No

* + - Yes ☐Plant air ☐Dedicated/Standalone Compressor

PSI: Enter text here. CFM: Enter text here. Bars: Enter text here. Other: Enter text here.

\*PSI = Pounds square inch, CFM=Cubic Feet per Minute

Air ﬁlter installed: ☐Yes ☐No

\*Note: Air must be clean and dry

* 1. Floor space for equipment
		+ Applicable ☐Not Applicable

Width: Enter measurements in inches. Length: Enter measurements in inches. Ceiling Height: Enter measurements in inches.

*\*\*Need to ensure enough space to operate and service machine after installation.*

#  Product requirements:

* 1. Product Description:

## Click or tap here to enter text.

* 1. Product Dimensions:

Product / Container ☐

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Sample | Length(L) | Width(W) | Height(H) | Weight(LBS) | % ofProduction |  |
| Minimum | EnterSize | EnterSize | EnterSize | EnterWeight | Enter % |
| Typical | EnterSize | EnterSize | EnterSize | EnterWeight | Enter % |
| Maximum | EnterSize | EnterSize | EnterSize | EnterWeight | Enter % |

Pallet ☐

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Sample | LengthAlong Flow | WidthAcross Flow | HeightInc Pallet | Weight (LBS) | % ofProduction | Top LayerConﬁguration | Stacking Pattern | Load Support | Proﬁle |
| Maximum | EnterSize | EnterSize | EnterSize | EnterWeight | Enter % | * Full
* Uneven
* Partial
* \*Other
 | * Column
* Interlocked
* \*Other
 | * Pallet
* Slip

Sheet* Both
* Other
 | ☐A☐B☐C |
| Average | EnterSize | EnterSize | EnterSize | EnterWeight | Enter % | * Full
* Uneven
* Partial
* \*Other
 | * Column
* Interlocked
* \*Other
 | * Pallet
* Slip

Sheet* Both
* Other
 | ☐A☐B☐C |
| Minimum | EnterSize | EnterSize | EnterSize | EnterWeight | Enter % | * Full
* Uneven
* Partial
* \*Other
 | * Column
* Interlocked
* \*Other
 | * Pallet
* Slip

Sheet* Both
* Other
 | ☐A☐B☐C |
| Notes for \*Other: Click or tap here toenter text. |  |

* 1. Strap Speciﬁcations:

Type: ☐ Polypropylene ☐ Polyester

Size: ☐ 8 x 8 ☐ 9 x 8 ☐ 16 x 6 ☐ Other Click or tap here to enter text.

Width: Click or tap here to enter text. Strength: Click or tap here to enter text.

Attach a sketch of the package, showing the placement of the straps:

Click or tap here to add sketch/picture.

#  Production Requirements:

* 1. Production Rate:

Straps per unit - Click or tap here to enter text. Units/Hour – Click or tap here to enter text. Hours per day – Click or tap here to enter text.

Please note below if units are presented at a consistent rate, in bursts back-to-back, or all at the end of a shift: Click or tap here to enter text.

* 1. Conveyor Requirements:

Height – Enter height in inches. Width – Click or tap here to enter text. Speed - Click or tap here to enter text. In-feed Conveyor – ☐Powered ☐Manual Exit Conveyor - ☐Powered ☐Manual

Conveyor Type:

* + - Powered ☐Gravity

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  | Composition | Other |
| Roller ☐ | Enter Roller Diameter. | Enter Roller to RollerDistance |  |  |
| Belt ☐ | Enter Belt Width | Enter Number of Belts |  |  |
| Chain ☐ | Enter Width Between Chains | Enter Number ofChains |  |  |

* 1. Automation Requirements
		+ Applicable ☐Not Applicable

## Describe automation requirements.

|  |  |  |
| --- | --- | --- |
| **5.0 Product Training** |  |  |
| 5.1 Basic TrainingTraining Required: ☐ No | * Yes
 |
| Number of shifts: ☐1 | ☐2 | ☐3 | Number of people per shift: Click or tap here to enter text. |
| Preferred training times: Click or tap here to enter text.5.2 Advanced Training |
| Training Required: ☐ No | * Yes
 |  |  |
| Number of shifts: ☐1 | ☐2 | ☐3 | Number of people per shift: Click or tap here to enter text. |
| Preferred training times: Click or tap here to enter text.5.3 Maintenance Training |
| Training Required: ☐ No | * Yes
 |  |  |
| Number of shifts: ☐1 | ☐2 | ☐3 | Number of people per shift: Click or tap here to enter text. |
| Preferred training times: Click or tap here to enter text.5.4 Notes |

Click or tap here to enter text.

# 6.0 Additional information, notes / pictures

FAT Required: ☐Yes ☐No SAT Required: ☐Yes ☐No Commissioning support required: ☐Yes ☐No “Go live” support required: ☐Yes ☐No Factory Acceptance Test / Site Acceptance Test Notes: Click or tap here to enter text.

Additional notes:

Click or tap here to enter text.

Add Pictures:

Click or tap here to add pictures.