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Stretch Wrapper Application Survey

Customer Information

Name Title

Company Phone:

Address Fax:

City State Zip Email

Pallet Information

A D
 B E
 C

What are pallets wrapped on? Floor Scale Conveyor Current Pallet Process Rate (8 Hour Shift)

Is Semi or Fully Automatic operation necessary? Semi-automatic Automatic

Load Information

Are the loads stable? Yes No How are the pallets being handled? Forklift
 Hand Pallet Jack
 Conveyor

Describe Product Load

Load Dimensions (INCHES)	Load Dimensions (INCHES)	What are the color of the loads?
Min. Length <input type="text"/>	Max. Length <input type="text"/>	<input type="checkbox"/> Dark <input type="checkbox"/> Shiny
Min. Width <input type="text"/>	Max. Width <input type="text"/>	<input type="checkbox"/> Light <input type="checkbox"/> Voids
Min. Height <input type="text"/>	Max. Height <input type="text"/>	<input type="checkbox"/> Clear
Min. Weight <input type="text"/>	Max. Weight <input type="text"/>	

Load Information (continued)

- What type of loads are being wrapped?**
- Type A: Regular loads with no puncture hazards.
 - Type B: Puncture hazards up to 3"
 - Type C: Puncture hazards over 3"

Environment

Potential explosive dust build up? Yes* No

Potential explosive Yes* No

Potential Yes* No

Wash-down Yes* No

Available ceiling height clearance in (FEET)

Electrical Requirements

120V/1/60

230V/3/60

240V/1/60

***Describe site conditions (dusty corrosives etc.)**

General Information

Comments

Signature

Date

INSTRUCTIONS: Please provide the necessary information into the fields provided and click on the print form button.

Please provide dimensional information in the increment requested, i.e. inches, feet etc.

Fax the completed survey to **813 242 6985**.

If you have any questions regarding this survey, please contact the Quick Pak office at 813 242 6995.

IMPORTANT: The information you place into the fields **WILL NOT** be saved with this document, so make sure you print a copy of the completed survey for your records.