

CASE PACKING QUESTIONNAIRE

Customer Details:

Name of Customer:

Code: CP

Address:

Concern person:

Phone:

Email:

Total no. of case packer requirement _____

Product details:

1.1) Primary Packs

- | | | |
|---|---------------------------------------|--|
| <input type="checkbox"/> Pet Bottles | <input type="checkbox"/> Glass Bottle | <input type="checkbox"/> Pouch with Liquid |
| <input type="checkbox"/> Pouch with Solid/ Powder | <input type="checkbox"/> Cakes (Soap) | <input type="checkbox"/> Pail |
| <input type="checkbox"/> Mono Carton | <input type="checkbox"/> Other | |

1.2) Material of the product

1.3) Product Dimension:

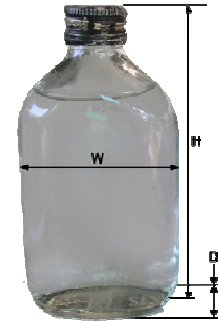
a) Pet Bottles

Dimensions				
Width				
Depth				
Height				



b) Glass Bottle

Dimensions				
Width				
Depth				
Height				



c) Pouch with Liquid

Dimensions				
Width				
Depth				
Height				



d) Pouch with Solid/ Powder

Dimensions				
Width				
Depth				
Height				



e) Cakes (Soap)

Dimensions				
Width				
Depth				
Height				



f) Pail

Dimensions				
Width				
Depth				
Height				



g) Mono Carton

Dimensions				
Width				
Depth				
Height				



1.4) Gross Weight of the product: ___ Gms

1.5) Content of Bottle:

Solid Semi Solid Liquid

1.6 Nature of bottle content:

Viscous Non Viscous

2) Samples provided by Customer:

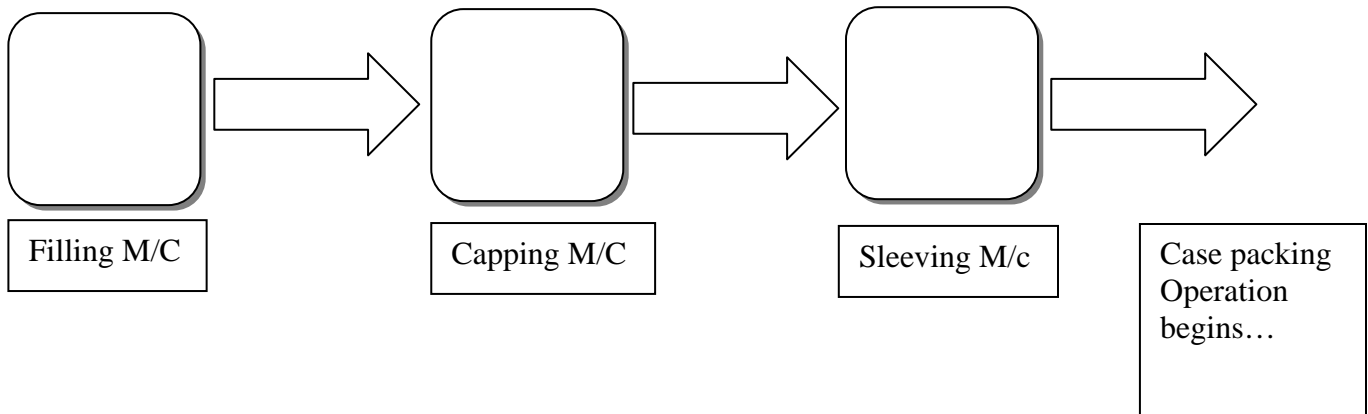
Yes No

3) Image provided by Customer:

Yes No

4) Video provided by Customer: (Please provide video of operation just prior to Case Packing)

Yes No



5) Production Details:

5.1) Rate: ____ Units/ min

5.2) Out feed conveyor speed: _____M/min

5.3) Any Quality Check before putting the product in Shipper:

Yes No

If any Please Mention: _____

5.4) Change over time: ____Min

5.5) Running hours per day:

8 hrs/day 12 hrs/day 16 hrs/day 24 hrs/day

5.6) Belt Top Height from the ground level _____ M

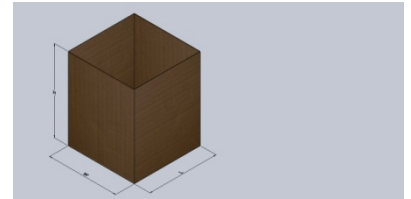
5.7) Total no of lines _____ Nos.

6) Buffer zone after preceding and proposed machine Packaging:

Yes No

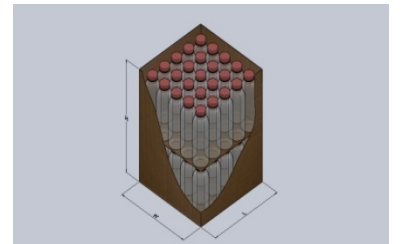
7) Shipper Inner Dimensions:

Dimensions				
Width				
Length				
Height				



8) Configuration (Matrix) of products in Shipper (L x B x layers)

Dimensions				
Unit along Width				
Unit along Length				
No. of Layers				



9) Shipper Material details (No. of ply and GSM of each ply):

3 Ply 5 Ply 7 Ply

10) Plant Layout provided by the customer:

Yes No

If yes: Please provide the following details:-

- a) Size and position of the M/C
- b) Size and position of the conveyor
- c) Pathway for the forklift movement/ Material movement
- d) Temporary storage area

11) Type of project:

Green Field Brown Field

12) Material Handling Equipment:

Do you want to use Material Handling Equipment

Yes No

If yes which type. _____

13) Do you have Case Erector Requirement?

Auto Manual

14) Do you have Carton Taping Requirement?

Auto Manual