



## **CASE PACKING QUESTIONNAIRE**

Customer Details:		
Name of Customer:		Code: CP
Address:		
Concern person:		
Phone:		
Email:		
Total no. of case packer requirement	nt	
Product details:		
1.1) Primary Packs		
Pet Bottles	Glass Bottle	Pouch with Liquid
i ot bottlee		r such man Eigala
Pouch with Solid/ Powder	Cakes (Soap)	Pail
Mono Carton	Other	
1.2) Material of the product		
40) D. I. (D		
1.3) Product Dimension:		
a) Pet Bottles		
Dimensions		
Width		
Depth		直流 品
Height		

# b) Glass Bottle

Dimensions		
Width		
Depth		
Height		



# c) Pouch with Liquid

Dimensions		
Width		
Depth		
Height		



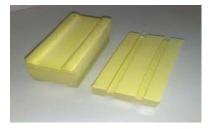
# d) Pouch with Solid/ Powder

Dimensions		
Width		
Depth		
Height		



# e) Cakes (Soap)

Dimensions		
Width		
Depth		
Height		



Dimensions						
Width						
Depth						
Height						The state of the s
		<u> </u>				
g) Mono Carton						
Dimensions						
Width						
Depth					-	
Height					1	
Tiolyiit					J	
Solid  1.6 Nature of bott  Viscous	le content:	Solid	Liquid			
Solid  1.6 Nature of bott  Viscous  2) Samples provid	Semi le content: Non Noled by Custo No I by Custom	/iscous omer: ner:		f operation just	prior to Ca	se Packing)
Solid  1.6 Nature of bott Viscous  2) Samples provided Yes  3) Image provided Yes  4) Video provided	Semi le content: Non Noted by Custom I by Custom No by Custom	/iscous omer: ner:	ovide video o	f operation just		Se Packing)  Case packing

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)	
c, comiguianon (manin, en producto in empper (= n = mayere)	
Dimensions	
Unit along Width	
I UNIT AIONG I I I I I I I I I I I I I I I I I I I	
Unit along Length	
Length No. of	
Length	
Length No. of	

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	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?	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	Yes		3 Ply 5 Ply 7 Ply
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