

# QUESTIONNAIRE PACKING LINE

## 1. CUSTOMER

Company name \_\_\_\_\_  
 Contact person \_\_\_\_\_  
 Adress \_\_\_\_\_  
 Postcode/town/state \_\_\_\_\_  
 Country \_\_\_\_\_  
 Website \_\_\_\_\_  
 E-Mail adresse \_\_\_\_\_  
 Phone \_\_\_\_\_

## 2. MATERIAL DATA

Material \_\_\_\_\_  
 Material surface coated  dry  slightly oiled  zinc

varnished  polished  others

Tensile strength \_\_\_\_\_ N/mm<sup>2</sup>

Yield point \_\_\_\_\_ N/mm<sup>2</sup>

Expansion range \_\_\_\_\_ %

Material width min. \_\_\_\_\_ mm

max. \_\_\_\_\_ mm

Material thickness \_\_\_\_\_ mm

Ring inner diameter \_\_\_\_\_ mm

Ring outer diameter min. \_\_\_\_\_ mm

max. \_\_\_\_\_ mm

Ring width each separate \_\_\_\_\_ mm

Ring weight \_\_\_\_\_ mm

## 3. LINE DATA

Line direction  from right to left  
 (seen from operator side)  from left to right

Line speed \_\_\_\_\_ m/min

Environment min. temperature \_\_\_\_\_ °C

max. temperature \_\_\_\_\_ °C

max. air humidity \_\_\_\_\_ %

## 4. CAPACITY

Tons in the year \_\_\_\_\_ t

Working days in the year \_\_\_\_\_ days

Working shift each day  1 shift  2 shift  3 shift

Working hours per day \_\_\_\_\_ h

# QUESTIONNAIRE

## PACKING LINE

### 5. MODE OF OPERATION

Take off the rings  manual  half automatic  
Weighing (net) and label printing  manual  automatic  
Stacking of the rings  manual  automatic

### 6. ELECTRIC

electrical supply \_\_\_\_\_ V \_\_\_\_\_ Hz

### 7. PNEUMATIC

pressure \_\_\_\_\_ bar

### 8. CUSTOMER REQUIREMENTS

(if existing, please attach them)  yes  no

### 9. EQUIPMENT OF THE LINE

Please tell us with which machines the packing line should be furnished:

- |                                                 |                                                 |
|-------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> turnstile              | <input type="checkbox"/> tilting table          |
| <input type="checkbox"/> strapping table        | <input type="checkbox"/> weighing device        |
| <input type="checkbox"/> transportation table 1 | <input type="checkbox"/> transportation table 2 |
| <input type="checkbox"/> lifting unit           | <input type="checkbox"/> portal                 |
| <input type="checkbox"/> stacking device        | <input type="checkbox"/> palett exit roller way |
| <input type="checkbox"/> roller conveyer        | <input type="checkbox"/> weighing device        |

### 10. OTHER EQUIPMENTS

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### 11. OTHERS

We ask for a  budget offer  detailed offer

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Date: \_\_\_\_\_