



Cousins Packaging Inc.
6450 Northam Drive
Mississauga, Ontario L4V 1H9
Telephone: 905-678-6655 ~ Toll Free: 1-888-209-4344 ~ Fax: 905-678-3429
www.cousinspackaging.com

Effective: January 2015

APPLICATION SURVEY FORM FOR SEMI-AUTOMATIC SYSTEMS

Date: _____

USER / DISTRIBUTOR INFORMATION

Company Name: _____
Address _____
City, State, Zip _____
Phone No. _____ Fax No. _____
Contact _____ Title _____

Distributor Name _____
Address _____
City, State, Zip _____
Phone No. _____ Fax No. _____
Contact _____ Title _____

Process Rate:
Rate determined by: Material Handling Equipment Production Operators Other
Describe other: _____
Normal process rate: _____ Loads Per Hour

Production Time Basis:
 One shift (8 hours) Two shifts (16 hours) Three shifts (24 hours)
Average working days _____ per year (annual rate)

Type of Material Handling Equipment Used to Load/Unload System:

- Forklift Manual Hand Jack Powered Hand Jack Other

Wrapping Requirements:

No. of Top Wraps: _____ No. of Bottom Wraps: _____ No. of Wraps (full web): _____
 Is film required to lock pallet? Yes No Distance from bottom of pallet: _____

Film Carriage Information:

Film or Netting Width? 20" 30" Film 40" to 70" Film (Full Web Non-prestretch) _____
 Pre-stretch level required? _____ Fixed (standard shipped with machine is 207%)
 Non-Prestretch carriage required? Yes No Netting carriage required? Yes No

Indicate film:

Brand _____ Type _____ Gauge _____ Roll Width _____ Roll Diameter _____
 Color _____ Cling _____ No Cling _____ Cling one side _____

Check appropriate individual unit/container:

- Bag Carton Cans Bottle (glass) Bottle (plastic) Tray
 Bundle Bale Cut Metal Pieces Cut Wood Pieces Pails/Buckets Other

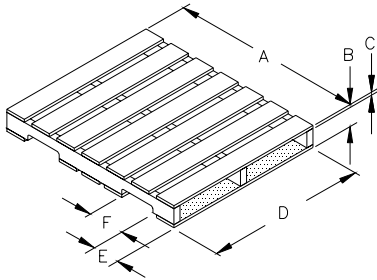
Color of product: _____ Describe product: _____

Load sizes including pallet:

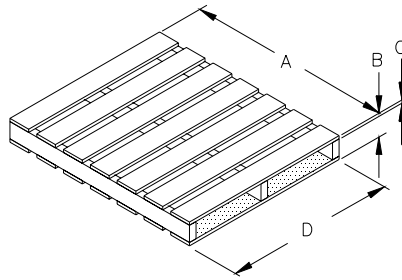
Pallet Size			Load Size			Height	Weight	
Sizes	Length	Width	Length	Width	Diagonal	Incl. Pallet	Min.	Max.
Pallet-load 1								
Pallet-load 2								
Pallet-load 3								

Pallets:

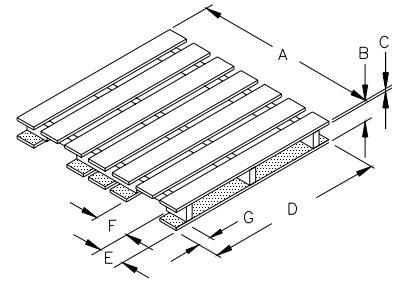
Select the typical pallet style and circle:



GMA STYLE



2 WAY ENTRY STYLE



WING STYLE

Electrical:

Select Proper Voltage:

- 115V 1 Phase (std.) 208V 1 Phase 230V 1 Phase
 208V 3 Phase 230V 3 Phase 460V 3 Phase

Environment:

Typical area temperature? Min. _____ °F Max _____ °F Average _____ °F

Ceiling height clearance? _____ feet Overhead cranes? Yes No

- Area factors: Wash-down/corrosive (define below)
 Wash-down/high or low pressure (define below)
 Cold Room (32 F to 0 F) Freezer Room (0 F to -30 F)
 Explosive dust Explosive vapors High humidity

Describe area factors: _____

Area/Building special classification: Class _____ Division _____ Group _____

Other NEMA requirements: _____

System Installation/Start-up:

Start-up by? Cousins (requested) Customer Distributor

Customer Source of Information

Cousins' Distributor Representative

Name: _____

Name: _____

Title: _____

Title: _____

Date: _____

Date: _____

Signature: _____

Signature: _____