

SECTION #1

CUSTOMER NAME: _____	DATE: _____
PLANT LOCATION: _____	PHONE: _____
ADDRESS: _____	CONTACT: _____
_____	TITLE: _____
DISTRIBUTOR: _____	_____
SURVEY COMPLETED BY: _____	PHONE: _____

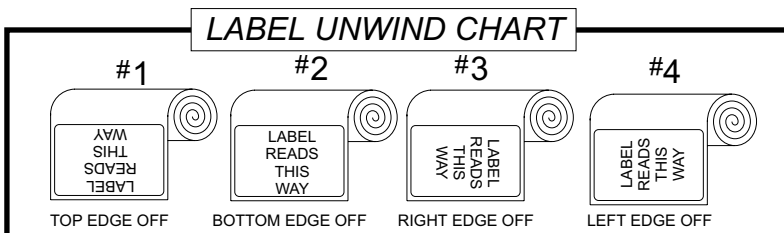
CHECK THE APPROPRIATE BOX OR BOXES AND FILL OUT CORRESPONDING SECTIONS.

- SEMIAUTOMATIC ► COMPLETE SECTIONS #1 & #3, NOTE ANY SPECIAL REQUIREMENTS IN (SECTION #4)
- AUTOMATIC APPLICATION (STAND ALONE) ► COMPLETE SECTIONS #1 #2 & #3
- AUTOMATIC APPLICATION SYSTEM (AUTOLABE TO SUPPLY CONVEYOR) ► COMPLETE SECTIONS #1 #2 & #3
- PRINT & APPLY APPLICATION (STAND ALONE) ► COMPLETE SECTIONS #1, #2 & #3
- PRINT & APPLY APPLICATION SYSTEM (AUTOLABE TO SUPPLY CONVEYOR) ► COMPLETE SECTIONS #1 & #3
- NON-STANDARD OR CUSTOM APPLICATION ► COMPLETE SECTIONS #1, #2, #3 & #4

THIS SURVEY IS LAID OUT IN SECTIONS TO SIMPLIFY IT'S COMPLETION. MAKE NOTATIONS AND SKETCHES IF NECESSARY AND SEND THIS SURVEY ALONG WITH ALL PRODUCT AND LABEL SAMPLES TO AUTOLABE.

PRODUCT SPECIFICATIONS	PRODUCT #1	PRODUCT #2	PRODUCT #3	PRODUCT #4	PRODUCT #5
PRODUCT SIZE					
PRODUCT SHAPE					
PRODUCT WEIGHT					
PRODUCT MATERIAL					
PRODUCTS PER MINUTE					
LABEL SPECIFICATIONS	ALL LABELS USED ON AUTOLABE MACHINES MUST BE DIE-CUT WITH 1/8" MINIMUM SPACING				
LABEL SIZE					
LABEL MATERIAL					
LABEL ROLL DIMENSIONS	I.D.____" O.D.____"	I.D.____" O.D.____"	I.D.____" O.D.____"	I.D.____" O.D.____"	I.D.____" O.D.____"
LABEL PLACEMENT TOLERANCE REFERENCE	+/- _____ INCH	+/- _____ INCH	+/- _____ INCH	+/- _____ INCH	+/- _____ INCH
CONDITION OF PRODUCT AT TIME OF LABELING	<input type="checkbox"/> FILLED <input type="checkbox"/> EMPTY <input type="checkbox"/> CAPPED <input type="checkbox"/> UNCAPPED <input type="checkbox"/> WET <input type="checkbox"/> DRY TEMP. _____	<input type="checkbox"/> FILLED <input type="checkbox"/> EMPTY <input type="checkbox"/> CAPPED <input type="checkbox"/> UNCAPPED <input type="checkbox"/> WET <input type="checkbox"/> DRY TEMP. _____	<input type="checkbox"/> FILLED <input type="checkbox"/> EMPTY <input type="checkbox"/> CAPPED <input type="checkbox"/> UNCAPPED <input type="checkbox"/> WET <input type="checkbox"/> DRY TEMP. _____	<input type="checkbox"/> FILLED <input type="checkbox"/> EMPTY <input type="checkbox"/> CAPPED <input type="checkbox"/> UNCAPPED <input type="checkbox"/> WET <input type="checkbox"/> DRY TEMP. _____	<input type="checkbox"/> FILLED <input type="checkbox"/> EMPTY <input type="checkbox"/> CAPPED <input type="checkbox"/> UNCAPPED <input type="checkbox"/> WET <input type="checkbox"/> DRY TEMP. _____
LABEL UNWIND CIRCLE ONE (SEE CHART BELOW)	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4

APPLICATOR USAGE: ► HOURS PER DAY _____ DAYS PER WEEK _____



PRODUCT ENVIRONMENT

ROOM TEMP _____ LOW TEMP _____ HIGH TEMP _____

HUMIDITY _____% TO _____% (RANGE)

<input type="checkbox"/> CONDENSING	<input type="checkbox"/> EXPLOSIVE
<input type="checkbox"/> EXCESSIVE MOISTURE	<input type="checkbox"/> WINDY
<input type="checkbox"/> EXCESSIVE VIBRATION	<input type="checkbox"/> STATIC
<input type="checkbox"/> WASH DOWN	<input type="checkbox"/> DUSTY

AUTOMATIC STAND ALONE APPLICATOR - OR - AUTOMATIC CONVEYOR SYSTEM SECTION

EXISTING CONVEYOR CONVEYOR TO BE PROVIDED BY AUTOLABE

HOW WILL PRODUCTS BE PLACED ON CONVEYOR _____

DOES EXISTING CONVEYOR HAVE GUIDE RAILS ? YES NO

WILL A TRANSFER PLATE BE NEEDED ? YES NO

IF YES PLEASE SKETCH DRAWING IN BOX →

HEIGHT OF CONVEYOR ? _____

WIDTH OF CONVEYOR ? _____

LENGTH OF CONVEYOR ? _____

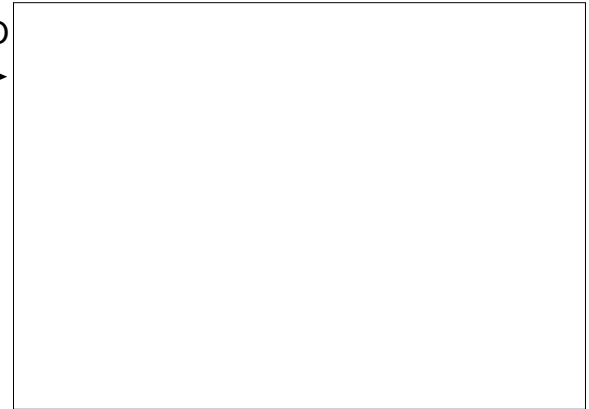
THICKNESS OF SIDE SKIRT ? _____

CONVEYOR SPEED FIXED VARIABLE

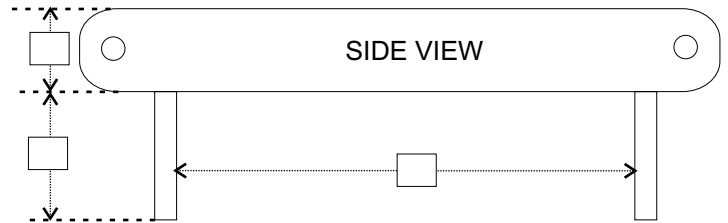
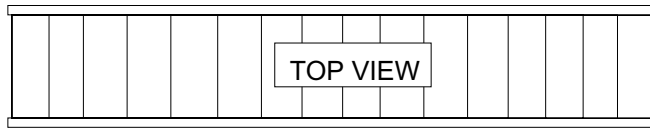
MAXIMUM FEET PER MINUTE _____

MINIMUM FEET PER MINUTE _____

DISTANCE BETWEEN PRODUCTS ? _____



← INDICATE CONVEYOR TRAVEL →

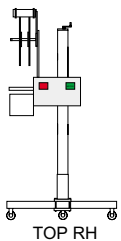


ANY OBSTRUCTIONS UNDER CONVEYOR ? YES NO ► EXPLAIN _____

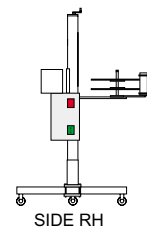
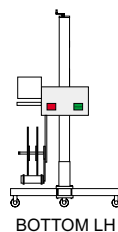
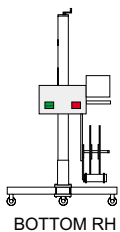
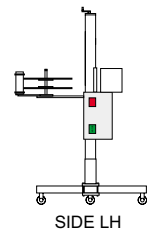
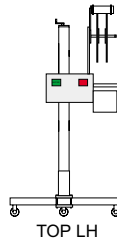
DISTANCE OF PRODUCT FROM EDGE OF CONVEYOR ? _____

USE TOP VIEW TO INDICATE OPERATOR POSITION RELATIVE TO CONVEYOR WITH AN "X"

USE TOP VIEW TO INDICATE POSITION DESIRED FOR CONVEYOR CONTROL BOX WITH A "C"



CIRCLE THE APPROPRIATE APPLICATOR POSITION



SECTION #3

PRINT & APPLY - OR - HOT STAMP IMPRINT SECTION

DOES LABEL CONTAIN A BAR CODE ? YES NO ➤ WHAT TYPE ? _____

DOES LABEL CONTAIN INFORMATION THAT CHANGES ? YES NO ➤ EXPLAIN _____

PLEASE EXPLAIN ANY SPECIAL DATA PROCESSING REQUIREMENTS: _____

MODEL OF PRINT ENGINE USED ? _____

DISTANCE OF P.C. FROM PRINT AND APPLY ? _____

ESTIMATED CABLE LENGTH REQUIRED ? _____

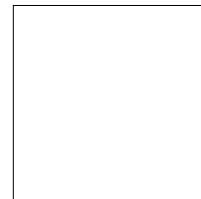
LABEL SOFTWARE TO BE USED: _____

CUSTOMER HAS EXISTING SOFTWARE ? YES NO

ORIENTATION OF BAR CODE ON THE LABEL _____

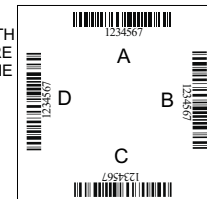
(PLEASE ATTACH A SAMPLE LABEL IF POSSIBLE)

DISPENSE EDGE OF LABEL

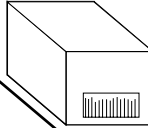
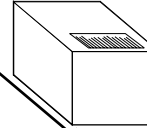
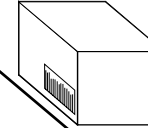
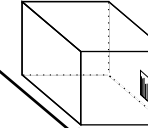
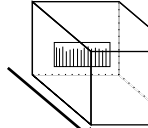
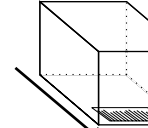


INDICATE WITH AN "X" WHERE ON LABEL THE BAR CODE WILL BE LOCATED

DISPENSE EDGE OF LABEL



LOCATION OF LABEL

FRONT

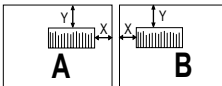
TOP

LEFT SIDE

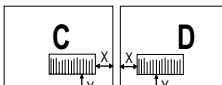
RIGHT SIDE

REAR

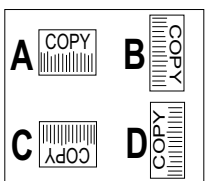
BOTTOM




A **B**



C **D**



A COPY **B** COPY



C COPY **D** COPY

X DISTANCE _____ "

Y DISTANCE _____ "

TOLERANCE: (+/-) _____ "

LABEL PLACEMENT **LABEL ORIENTATION**

LOCATION OF LABEL

LABEL ORIENTATION
(A, B, C, D)

LABEL PLACEMENT
(A, B, C, D)

MODEL 310 HOT STAMP IMPRINTER NEEDED ? YES NO

- WHAT SIZE TYPE WILL BE USED ?
- ABCDEFG12345 (6 POINT TYPE)
 - ABCDEFG12345 (8 POINT TYPE)
 - ABCDEFG12345 (10 POINT TYPE)
 - ABCDEFG12345 (12 POINT TYPE)
 - ABCDEFG12345 (14 POINT TYPE)

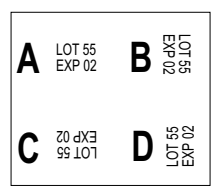
WHAT INFORMATION WILL BE IMPRINTED ?

➤ _____

➤ _____

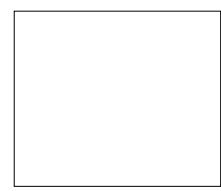
PLEASE BE SPECIFIC AND USE ONLY TWO LINES

DISPENSE EDGE OF LABEL



INDICATE INFORMATION ORIENTATION _____

DISPENSE EDGE OF LABEL



INDICATE POSITION OF INFORMATION ON LABEL WITH AN "X"

CUSTOM APPLICATION STATEMENT

Auto Labe will determine if this labeling application requires custom engineering and/or custom manufacturing. After reviewing this survey and after preliminary discussions, we will offer to quote with a non-refundable engineering charge. The customer and/or distributor must sign and return our proposal with their approval and deposit before Auto Labe will start any work on custom machines. Auto Labe requires a 50% deposit with written purchase order for all custom work. This deposit serves as the cancellation charge once we have accepted this order. Auto Labe is not responsible for any performance guarantee unless it is in writing and signed by an authorized Auto Labe Officer. The distributor and/or customer are required to inspect the equipment and receive training prior to shipment from the factory. Failure to do so relieves Auto Labe from any further performance guarantee and/or liability. Any customer changes requested during and/or after the machine is built will add additional cost and engineering charges which must be paid for in advance. Any deviation from this policy must be in writing and agreed to by an authorized Auto Labe Officer.

Customer _____ Date: _____

Address _____ Phone #: _____

_____ Contact: _____

Distributor _____ Title: _____

Survey completed by: _____

Please acknowledge and approve the attached layout by signing this page

Your expected system ship date will be: _____

Autolabe Sales Representative

Signature: Customer / Distributor

Title:

Company:

Date: _____