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**STRETCH HOODER APPLICATION SURVEY FORM**

PAGE 1 OF 3

**End User**

**Dealer**

Company Name _____	Company Name _____
Address _____	Address _____
Contact _____	Contact _____
Title _____	Title _____
Tel/Fax _____ / _____	Tel/Fax _____ / _____
Email _____	Email _____

Will Customer ship product to BestPack® for application verification? Yes  No

**PRODUCT AND PALLET LOAD INFORMATION**

Product to be Shrinkwrapped \_\_\_\_\_

Description

Boxes  Drums  Pail  Bags  Bottles  Other \_\_\_\_\_

**Unwrapped Loads**

Stable  Unstable

Stacking Pattern: Interlocked  Column Stacked  Other \_\_\_\_\_

Load Stack Evenly: Yes  No

Is there anything unusual about the product or stacking pattern? Yes  No

If Yes, please explain \_\_\_\_\_

Method of Palletizing Automatic  Manual

**PRODUCT AND PALLET LOAD INFORMATION (describe each type of load)**

PALLETS	WIDTH	LENGTH	HEIGHT	WEIGHT	MAXIMUM OVERHANG	MAXIMUM INBOARD
1						
2						
3						
4						
5						

Minimum load height (including pallet): \_\_\_\_\_

Maximum load height (including pallet): \_\_\_\_\_

Load handling:

Pallet  Slipsheet  Corrugated Tray  Other \_\_\_\_\_

If slipsheet or tray is used: # test \_\_\_\_\_

Material handling equipment:

Forklift  Manual Hand Jack  Powered Hand Jack  Push Pull  Clamp Truck  Dual Fork Lift

Maximum Production Speed: \_\_\_\_\_ Loads per hour (average): \_\_\_\_\_

Number of Shifts Per Day: \_\_\_\_\_

**SITE INFORMATION**

Available Ceiling Height: \_\_\_\_\_

Forklift Mast Height: \_\_\_\_\_

Receiving Door Height: \_\_\_\_\_ Receiving Door Width: \_\_\_\_\_

Ambient Operating Temperatures: Minimum \_\_\_\_\_ Maximum \_\_\_\_\_

Does a drafty condition exist? Yes  No

Is there humidity problem? Yes  No

Electrical Requirements:

230 Volt 3 Phase  460 Volt 3 Phase  Other \_\_\_\_\_

Special Regulatory Requirements: Yes  No  Describe: \_\_\_\_\_

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**FILM PREFERENCE**

Mil Thickness:

Clear  Tint  Opaque  Printed One Color

**PALLET TRANSFER TO HOODER / THROUGH HOODER**

Delivery: Forktruck  Other

Conveyor: Chain  Roller

Infeed: Power Fed  Gravity Fed

Outfeed: Power Fed  Gravity Fed

Loading: Side  End

**PALLET INFORMATION**

Bottom boards will run: Perpendicular  Parallel to conveyor

Rollers  Chain

Width of Bottom Boards: \_\_\_\_\_

Spacing between Bottom Boards: \_\_\_\_\_

LINE ITEM	WIDTH (across conveyor)	LENGTH (direction of travel)	HEIGHT
1			
2			
3			
4			
5			

**COMMENTS:**

Please describe any specifications or requirements for your application that has not been addressed in this survey.

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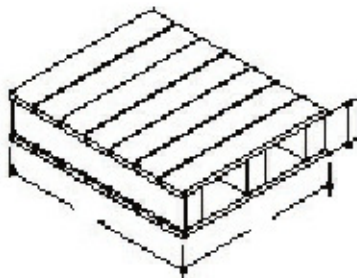
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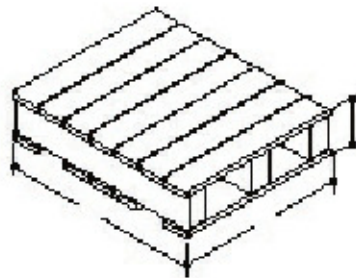
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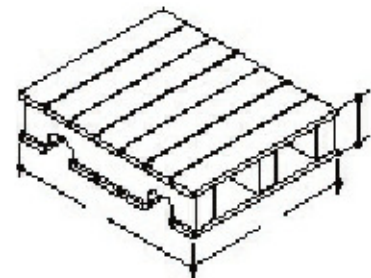
Circle the applicable pallet illustration provided below. Fill in the length, width, and overall height. If you cannot completely describe the pallet on this form, furnish a complete sketch with dimensions. *Note: The first dimension of the pallet size always refers to the length of the stringer.*



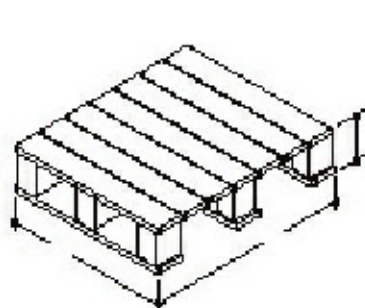
DOUBLE FACE  
REVERSIBLE



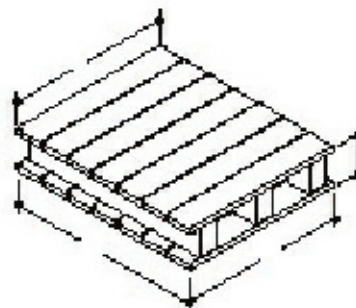
DOUBLE-FACE  
NON- REVERSIBLE



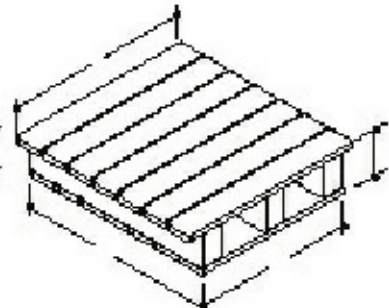
4-WAY NOTCHED STRINGER



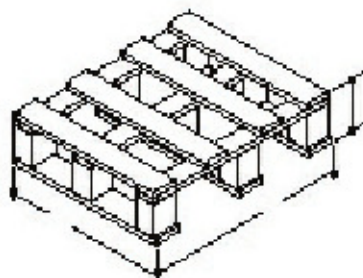
4-WAY BLOCK



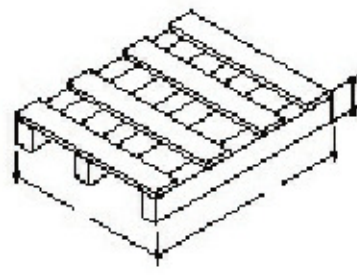
DOUBLE-WING  
REVERSIBLE



SINGLE-WING  
NON REVERSIBLE



EXPANDABLE BLOCK TYPE



EXPANDABLE SINGLE FACE

Your signature is required to assure that this information has been reviewed and is correct. The quotation generated will be based on this survey and will reflect a price which includes all options and specifications documented. Upon receipt of your purchase order, a set of approval drawings will be sent to you for review and editing. The building of your equipment will commence only after the receipt of your purchase order, this survey, and the approved drawings. If you have questions, please contact BestPack®.

END USER SIGNATURE OF APPROVAL

TITLE

DISTRIBUTOR SALESMAN

DATE OF SURVEY

\_\_\_\_\_

\_\_\_\_\_

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