

# PROJECT INFORMATION SHEET

Please Print and Fill In Appropriate Information Where Applicable.  
 Fax back to us at 513-769-0512.

For Internal Use. To be Completed  
 by Alpha Packaging Solutions  
 Salesperson.



Thinking **inside** and outside the box.™

Customer: \_\_\_\_\_  
 Location: \_\_\_\_\_  
 Account: \_\_\_\_\_  
 Date: \_\_\_\_\_

PROJECT #: \_\_\_\_\_  
 DATE: \_\_\_\_\_  
 Contact: \_\_\_\_\_  
 Contact's Phone: \_\_\_\_\_  
 \_\_\_\_\_

APPLICATION	Top View of Dunnage in Container (or describe inside pack orientation.)
Part Name & Number: _____ Part Dimensions: _____ Part Weight: _____ Current Container Size: _____ Current Pallet Size: _____ Current Standard Pack: _____ Current Dunnage (if any): _____	
VOLUMES	
Daily/Yearly Part Usage: _____ Work Days Per Week: _____ Ship From Location: _____ Ship To Location: _____ Ship Frequency (Per Week): Inbound <input type="checkbox"/> <input type="checkbox"/> Outbound _____ Transit Times (In Days): Inbound <input type="checkbox"/> <input type="checkbox"/> Outbound _____ Supplier's Packing Rate: _____ Safety Stock (in days): At Supplier's _____ At User's Facility _____	

EXPENDABLE PACKAGING	RETURNABLE PACKAGING
Container Size: _____ Container Material: _____ Container Features: _____ Pallet Style: _____ Container Cost: _____ Dunnage Cost (if any): _____ Disposal Costs (for cartons & pallets): _____ Labor-Expendables (i.e., set-up, repacking): _____ Collecting & Bundling: _____	Nesting or Collapsibility Required?: ( ) Yes ( ) No ( ) Further Study Required Attached or Detached Lid Required?: _____ ( ) Further Study Required Maximum Gross Weight Allowed?: _____ Proposed Container or System: _____ Any Work Station Constraints?: _____ (i.e., flow racks, storage rack sizes) How Will Empty Containers Be Returned?: _____ (i.e., LTL, full, express routes, common carrier, dedicated, owned trucks)

DUNNAGE	PART AND TIMING
YES / NO	YES / NO
Is Product Fragile: _____ (Write down fragility factor, if known.) Class A Surface?: _____ (Does surface scratch easily?) Chemical Dust, Sun Protection Required?: _____ (Is part sensitive to _____?) Part Orientation Required?: _____ (Is robotics or ergonomics an issue?) Conductive Material Required?: _____ (Is part sensitive to static?)	Is Part Available?: _____ Is Drawing Available?: _____ Is Computer Disk Available?: _____ Is a Sample Required?: _____ If yes, by what date?: _____ Required Quote Date?: _____ Quote Quantity: _____

SPECIAL INSTRUCTIONS \_\_\_\_\_  
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