

American Strapping Company  
1184 Ammons Road  
Dunn, N.C. 28334  
Phone 866-488-4272



**PLEASE PRINT IN BLOCK LETTERS**

**DISTRIBUTOR DATA**

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Representative: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**CUSTOMER DATA**

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Representative: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

*NOTE The enclosed questionnaire is designed to assist American Strapping Company in selecting the system which will best meet your present and future requirements. This information will be used as a basis to quote, design and manufacture a system that satisfies your specific application. Please retain a copy for your files. Should there be any changes in requirements or specifications during the course of this project, please contact American Strapping Company immediately to ensure we are up to date in our understanding of your needs.*

**FORM FILL OUT LOG**

Name of Person filling the Form: \_\_\_\_\_ Date: \_\_\_\_\_

**REGIONAL REPRESENTATIVE REVIEW**

Regional Representative Name: \_\_\_\_\_ Date: \_\_\_\_\_

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**STRAPPED PRODUCT SPECS**

Current Product Package Method:	
Load Surface Colors:	(dark or shiny colors require special optional load height detection package)
Individual Product Package:	Bags <input type="checkbox"/> Bottles <input type="checkbox"/> Cartons <input type="checkbox"/> Other:
Type of Product:	
Compression required:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Level of compression:	

**LOAD STORAGE**

Automated Warehouse     Outside Storage     Domestic     Export     Long Term

**LOAD SHIPPING**

Truck     Rail     Boat     Open Air     Van

**LOAD SPECS**

Overall Load Dimensions	(along flow) Length	(across flow) Width	(incl pallet) Height	(lbs) Weight	% of Production
Maximum					
Average					
Minimum					

Top Layer configuration:	Full <input type="checkbox"/> Partial <input type="checkbox"/> Uneven <input type="checkbox"/> Other:
Stacking Pattern:	Column <input type="checkbox"/> Interlocked <input type="checkbox"/> Other:
Load Stability:	Can Be <b>Conveyed at 30 fpm</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
Load Support:	Pallet <input type="checkbox"/> Slip Sheet <input type="checkbox"/> Pallet & Slip Sheet <input type="checkbox"/> Pallet less <input type="checkbox"/> Other:

Special specifications:	DRAW FOOTPRINT BELOW
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**STRAP PATTERN SPECIFICATIONS**

Number of strap in flow direction	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> Other: _____
Distance between straps (Explain clearly or hand sketch)	
Number of strap perpendicular to flow direction	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> Other: _____
Distance between straps (Explain clearly or hand sketch)	
Number of strapping pattern required	1-2 <input type="checkbox"/> Up to 16 <input type="checkbox"/> Other: _____
Type of strap used:	Polyester (PET) <input type="checkbox"/> Polypropylene (PP) <input type="checkbox"/> Plain Finish <input type="checkbox"/> Embossed Finish <input type="checkbox"/> Waxed <input type="checkbox"/> Unwaxed <input type="checkbox"/>
Dimension of strap used:	
Strap coil dimension (core size and overall size)	

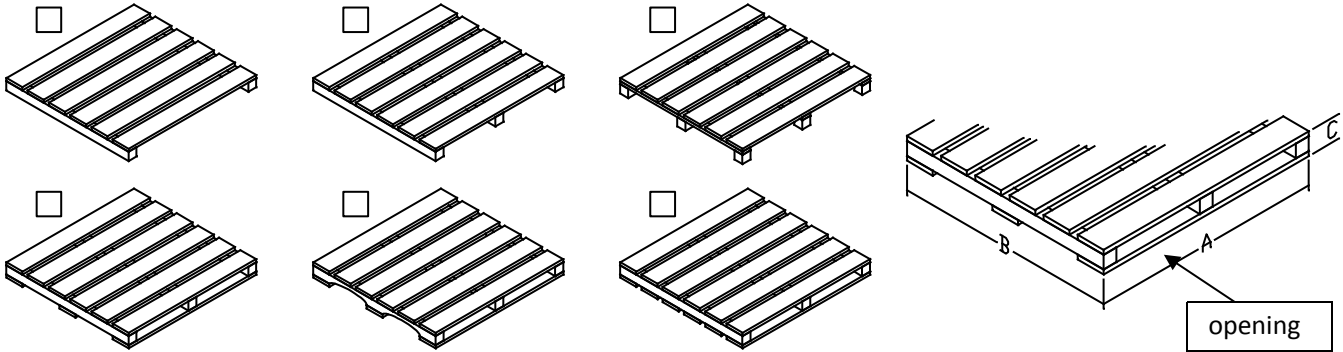
**PRODUCTION RATE**

<u>Production Rate</u>	Normal	Peak	Future
Loads Per Hour	<input type="text"/>	<input type="text"/>	<input type="text"/>



**PALLET SPECS**

(Check mark types of pallets to be used)

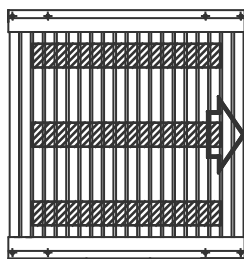


**Indicate pallet flow on conveyor**

Pallet Dimensions (inches)	A	B	Pallet Height C	Pallet opening size	Bottom Boards #	Bottom Boards Width
Type 1						
Type 2						
Type 3						

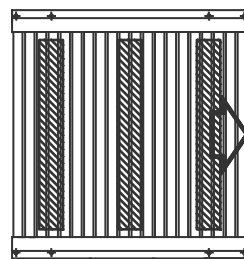
Pallet Condition:    New                       Used                       Reconditioned

**PALLET TO FLOW ORIENTATION**



Easy-Way

Pallet Bottom Boards Running **Perpendicular**  
to Conveyor Rollers

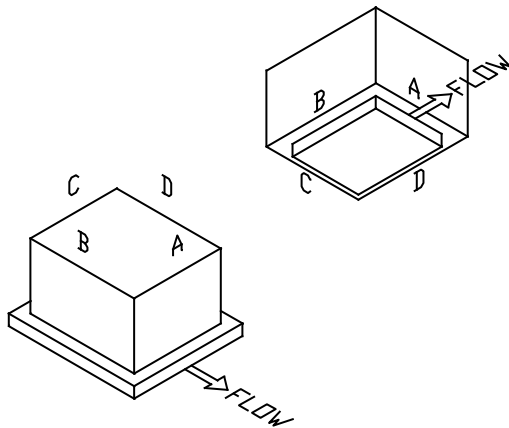


Hard-Way

Pallet Bottom Boards Running **Parallel**  
to Conveyor Rollers



**LOAD PROFILE**



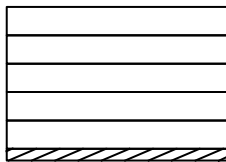
**Maximum Load Overhang from Pallet Edges**

Side	A	B	C	D
Inches				

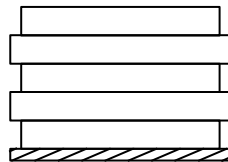
See note at bottom of page

**Maximum Load Inboard from Pallet Edges**

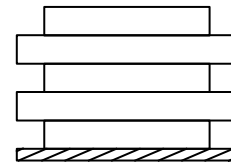
Side	A	B	C	D
Inches				



**Profile A**  
No Puncture Hazard



**Profile B**  
Light Puncture Hazard



**Profile C**  
Severe Puncture Hazard

Special load configuration (provide sketch):

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**CONVEYOR SPECIFICATIONS**

Will American Strapping provide conveyor for strapper	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Will load always be centered when presented to strapper	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other conveyors required: (when required, please provide sketch of desired layout)	Infeed <input type="checkbox"/>	Number of section required: _____
	Outfeed <input type="checkbox"/>	Number of section required: _____
	Centering Device <input type="checkbox"/>	Required opening between centering bars: _____
	Special conveyors (describe): _____ _____	

Standard	✓	Required Non-Standard (Describe)
Rollers		Chain Conveyors <input type="checkbox"/> Other:
30 fpm		Speed
18"		Pass Height (top of rollers or top of chains)
52"		BFR
2½"Ø		Rollers Diameter
3" c/c		Rollers Center to Center
17" c/c		Chains Center to Center

**LOADING / UNLOADING**

Infeed to Strapping System	✓
From Palletizer Conveyor	
By Fork Lift	
By Clamp Truck	
By Push/Pull	
By Manual Hand Jack	

Outfeed from Strapping System	✓
To Other Conveyor	
By Fork Lift	
By Clamp Truck	
By Push/Pull	
By Manual Hand Jack	

Other: \_\_\_\_\_

Other: \_\_\_\_\_

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**COMMUNICATIONS**

(Check mark required items)

With infeed Station	✓
Dry Contact Signal (std)	<input type="checkbox"/>
Time Delay Photo eye	<input type="checkbox"/>
Safety Fork Lift Photo eye	<input type="checkbox"/>
Pull Cord Station	<input type="checkbox"/>
Lanyard Push Button Station	<input type="checkbox"/>
Pedestal Push Button Station	<input type="checkbox"/>
	<input type="checkbox"/>

with Out feed Station	✓
Dry Contact Signal (std)	<input type="checkbox"/>
Time Delay Photo eye	<input type="checkbox"/>
Safety Fork Lift Photo eye	<input type="checkbox"/>
Pull Cord Station	<input type="checkbox"/>
Lanyard Push Button Station	<input type="checkbox"/>
Pedestal Push Button Station	<input type="checkbox"/>
	<input type="checkbox"/>

**SYSTEM COMPONENTS SPECIFICATIONS**

Standard	✓	Component	✓	Required Non-Standard (Describe)
Allen Bradley	<input type="checkbox"/>	PLC	<input type="checkbox"/>	
Allen Bradley Power Flex 4 – 230 V	<input type="checkbox"/>	Drives	<input type="checkbox"/>	
Sick	<input type="checkbox"/>	Photo eyes	<input type="checkbox"/>	
Allen Bradley	<input type="checkbox"/>	Limit Switches	<input type="checkbox"/>	
Allen Bradley	<input type="checkbox"/>	Touch Screen & Switches	<input type="checkbox"/>	
English	<input type="checkbox"/>	Control Panel Language	<input type="checkbox"/>	

**PAINT SPECS**

Item	✓	Notes
Std Blue & Yellow	<input type="checkbox"/>	
Special Color	<input type="checkbox"/>	Customer to Supply Paint Chips or Paint Specs
Epoxy Paint	<input type="checkbox"/>	
Steel It Paint	<input type="checkbox"/>	
Other Non Std Paint	<input type="checkbox"/>	Make, Type, Color

Ceiling Clearance Height:  Inches

**Temperature** Maximum:  °F Typical:  °F Minimum:  °F

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- Full Height Wash Down Area    Top Line Wash Down Area
- Potential Corrosives    Very Dusty
- Other Conditions \_\_\_\_\_

**POWER SUPPLY SPECS**

Standard	✓	✓	Non-Standard (Describe)
Standard 460VAC / 3Ph / 60Hz		<b>Available Power Supply</b>	VAC:      Ph:      Hz:
Consistent		<b>Power Source condition</b>	Subject to Spikes / Drops / Surges
Not Required		<b>Surge Protection</b>	Required Lightning Arrestor Only *
			Required Full Power Regulator *

**COMPRESSED AIR SUPPLY SPECS (required only with special options)**

Standard	✓	✓	Non-Standard (Describe)
3 cfm / 80 psi Clean Dry Air		<b>Available Compressed Air Supply</b>	psi:      cfm: Clean Dry Air
Not Required		<b>Air Compressor Unit</b>	No compressed air available on site
Not Required		<b>Air Dryer Unit</b>	No clean dry air supply on site

**SYSTEM INSTALLATION & START UP**

<u>Installation ?</u>	by MFC <input type="checkbox"/>	by Distributor <input type="checkbox"/>	by Outside Contractor <input type="checkbox"/>	by Plant Personnel <input type="checkbox"/>
<u>Start-up ?</u>	by MFC <input type="checkbox"/>	by Distributor <input type="checkbox"/>	by Outside Contractor <input type="checkbox"/>	By Plant Personnel <input type="checkbox"/>

Note: Start-up must be done or supervised by a certified technician.  
 Contact American Strapping Company for more information

**DOCUMENTATION**

(Indicate total number of items required)

User Manual (Std = 1 for Customer + 1 for Distributor)
Program Disk (Std = 1 for Customer + 1 for Distributor)

for **CUSTOMER**


for **DISTRIBUTOR**
