![HCM Systems, Inc. logo]

**PALLETIZING APPLICATION
INFORMATION SHEET**

1. GENERAL INFORMATION

Company : _____   Date: _____

Street address: _____   Phone Number: _____

City, State, Zip: _____   FAX Number: _____

Technical Contact: _____   Customer E-Mail: _____

Title: _____

Proposal due by (date): _____

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*Please Complete and Fax back to HCM 1-630-734-0681
or email to sales@hcmsystems.com*

Type of quote requested:

☐ Budgetary - for initial budgetary proposal (project not justified or approved).

☐ Budgetary - project is justified / approved, no funds approved at this time.

☐ Firm - project is justified and has approved funds, ready to purchase.

Machine type:

☐ Gantry pick-n-place palletizer.

☐ Traditional case palletizer.

☐ Low level case palletizer (floor level loading - low or high infeed)

☐ Robotic Palletizer

☐ Low level bag palletizer (floor level loading - low or high infeed)

☐ High level bag palletizer high level loading - high infeed)

☐ Other _____

☐ Optional equipment _____
(tabletop, case or pallet conveyor; stretchwrapper, checkweigher, metal detector, reject system, incline belt with bag flattener, etc.)

Is CAD layout available on disk?   yes _____   AutoCAD Version R _____   no _____ *

* If not, please supply complete layout dimensions of the area(s) including locations of incoming product and outgoing finished goods, fork truck aisles, building supports, overhead clearances, drains, other equipment, obstructions, etc.

2. PRODUCT INFORMATION

A. Specific contents of product(s) to be palletized: _____

B. Product description: boxes _____ bags _____ drums _____ trays _____ other _____

1. CASES / BOXES / TRAYS

RSC _____   HSC _____   Bliss _____

Wrap-around _____   Display _____   Tray _____

Case flaps: Open _____   Taped _____   Glued _____

Is tray shrinkwrapperd   Yes _____   No _____

Case orientation: Labels out _____   Doesn't Matter _____   Special _____
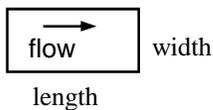
2. BAGS

Bag type: Paper _____ Poly _____ Woven _____ FFS _____ Other _____

Bag top is sealed by: Sewn _____   Valve _____   Heat Seal _____

Bag fill is: Loose _____   Firm _____

Bag orientation: Butts out _____   Doesn't Matter _____   Special _____

### 3. PAILS / DRUMS

Pail type: Straight _____   Tapered _____

Pail material: Plastic _____   Fiber _____   Metal _____

Pail size   2 Gallon _____   5 Gallon _____   10 Gallon _____

20 Gallon _____   55 Gallon _____   Other _____

Do pails have handles?   Yes _____ No _____

If yes, are handles in a consistent location on pail at infeed?   Yes _____ No _____

Can pails be lifted by top (vacuum)?   Yes _____ No _____

Are labels out required?   Yes _____ No _____

Do containers nest on top of each other?   Yes _____ No _____

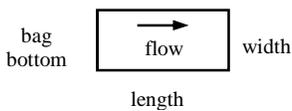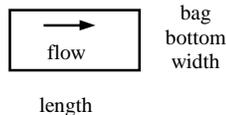C. Infeed orientation:

1. CASES / BOXES / TRAYS
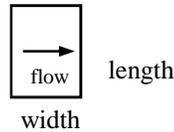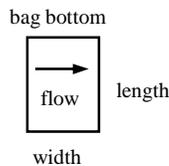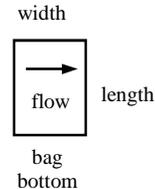

☐ Width leading   ☐ Length leading

2. BAGS

☐ Width leading   ☐ Length leading

☐ Bottom trailing   ☐ Bottom leading   ☐ Bottom left   ☐ Bottom Right

D. Number of production lines _____ Number of lines running simultaneously _____

E. Number of shifts _____ per day, days _____ per week, & weeks _____ per year

F. Infeed rates are (cpm = Cases per Min) _____ cpm MAX _____ cpm MIN _____ cpm Average

G. Can HCM change the layer patterns to improve load stability or increase machine efficiency?

Yes _____ No _____

If yes, can load count change to accomplish this? Yes _____ No _____

H. What is the maximum load height, including pallet? _____ inches.

I. Are layer pattern gaps necessary for load ventilation or cooling? Yes _____ No _____

J. Package specifications (use additional sheets if necessary)

Line No (s).	Product (description)	Length (in.)	Width (in.)	Height (in.)	Wgt. (lbs.)	Product* / min.	Product / layer	Layers / load	Pattern (below)	Pallet Size	Bottom, Top, Tier Sheet**

* Number of Cases, Trays, Bags, Pails or Drums per minute from the production line.
** Please mark "B" if Bottom Sheet and/or "TOP" if Top Sheet and/or "T" if Tier Sheet are required

3. PATTERNS

C1   C2   C3   C4   C5   C6

C7   C8   C9   P1   P2   P3

P4   P5   P6   X1   X2   X3
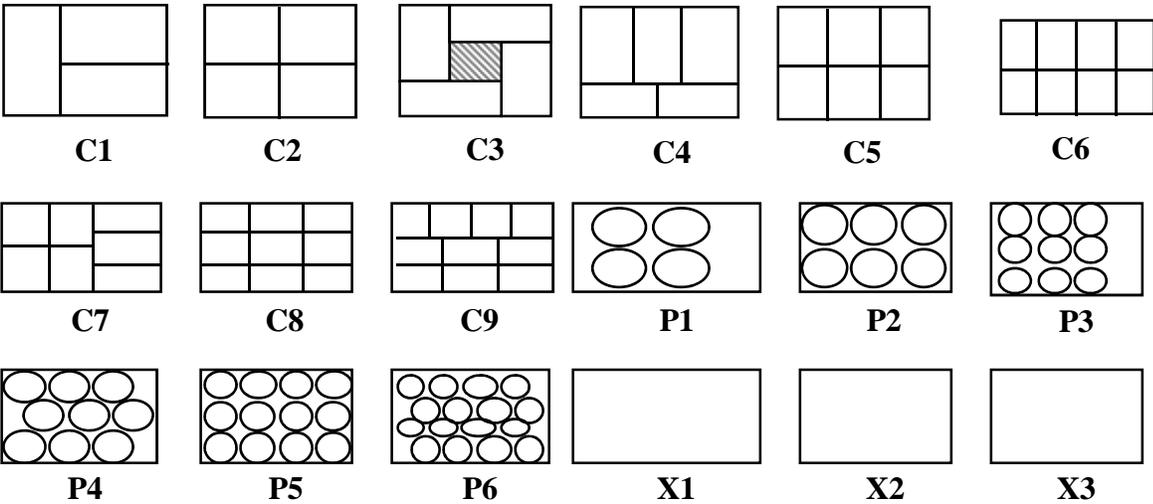
4. LOAD SUPPORT

A. Load will be supported by:
- ☐ pallet only
- ☐ slipsheet only
- ☐ slave board only
- ☐ pallet + bottom sheet
- ☐ slave board + bottom sheet
- ☐ no load support (unitized)

B. Can loads overhang support?   Yes _____   No _____

C. Loads will be removed from system by:
- ☐ forklift
- ☐ clamp truck
- ☐ push pull
- ☐ manual pallet jack
- ☐ powered hand jack
- ☐ dual forklift

Pallet Information

A. Check pallet style below.
B. Fill in pallet length, width and height.
C. Circle preferred pallet travel direction.

D. Pallet weight   _____ lbs.
E. Number of bottom boards   _____
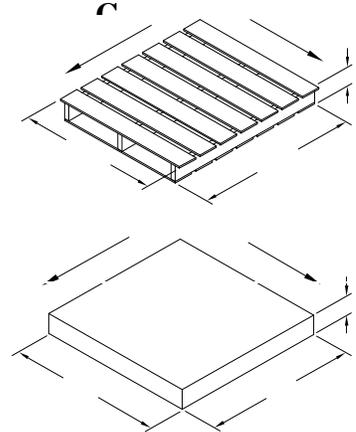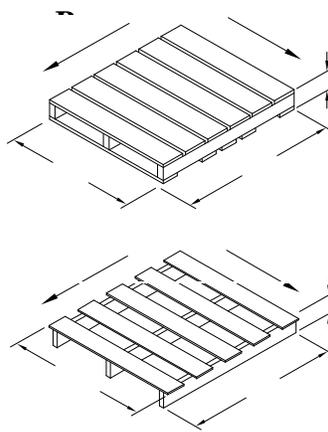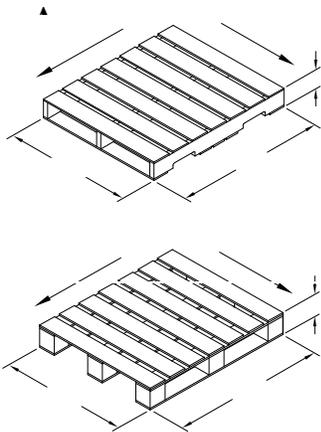
- ☐ A - 4-way, GMA, notched stringer, non-reversible, wooden
- ☐ B - 2-way, flush stringer, non-reversible, wooden
- ☐ C - 2-way, single top wing, non-reversible, wooden
- ☐ D - 4-way, block style, non-reversible, wooden
- ☐ E - 2-way, single top wing, no bottom boards, non-reversible, wooden
- ☐ F - Describe Other   _____

Slipsheet Information (This is the bottom sheet that is placed directly on the pallet)

A. Specify material: Corrugated _____ Polysheet _____ Chipboard _____

Other _____

B. Are sheets attached to pallet? Yes _____ No _____

If yes, how? glued _____ stapled _____

C. Length (not including tabs): Min. _____ in. Max. _____ in.

D. Width (not including tabs): Min. _____ in. Max. _____ in.

E. Tab width _____ in. Number of tabs _____

(attach sketch showing orientation of tabs to load)

Tiersheet Information (These are the interlayer sheets that are placed between layers of product)

A. Specify material: Corrugated _____ Polysheet _____ Chipboard _____

Other _____

B. Length (not including tabs): Min. _____ in. Max. _____ in.

C. Width (not including tabs): Min. _____ in. Max. _____ in.

D. Tab width _____ in. Number of tabs _____

E. Between which layers _____

(attach sketch showing orientation of tabs to load)

Topsheet Information (This is the sheet that is placed on top of the last layer of product)

A. Specify material: Corrugated _____ Polysheet _____ Chipboard _____

Other _____

B. Length (not including tabs): minimum _____ in. maximum _____ in.

C. Width (not including tabs): minimum _____ in. maximum _____ in.

D. Tab width _____ in. Number of tabs _____

(attach sketch showing orientation of tabs to load)

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5. ENVIRONMENTAL FACTORS

A. Available ceiling height in palletizing area (floor to ceiling) _____ (in.)

Describe, if not uniform: _____

B. Ambient operating temperatures: Min. _____ °F Max. _____ °F

C. The environment the palletizer will be operating in is: (check all that apply)

☐ Spill prone ☐ Ventilated ☐ Corrosive

☐ Washdown ☐ Dusty ☐ Humid

☐ Exposed to weather ☐ Explosive ☐ none of the above

☐ Enclosed ☐ Heated /cooled

6. OPTIONS

A. Preferred electrical service: Voltage _____   Phases _____   Frequency _____ Hz
     NOTE: Standard machine voltage is 480 VAC, 3Ph, 60 Hz. There is an upcharge to
          provide for a different voltage or frequency.

B. Color to be std. Manufacture OEM specification.   Yes _____   No _____

     If no, special type / color   _____
     (Customer to supply paint chip)

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7. MISCELLANEOUS

A. All Door Sizes/Types to be used for Unloading of Palletizer   _____

B. Required infeed elevation   _____ inches.

C. Required pallet discharge elevation, if different from standard   _____ inches.

     (24" - 18" is typical)

D. Required discharge conveyor speed (36 FPM is standard)   _____ FPM

E. Anything unique about product or application   _____

     Are boxes bulged, unlevel on top, very loose filled bags, slippery surfaces, perishable, etc.)

F. What are load dimensional tolerances? +/- _____ inches.

G. Is the floor level?   Yes _____   No _____   If no, explain _____

H. Will HCM be Installing?   No _____   Yes, complete _____   Supervision only _____

I. Who will provide required communication with upstream / downstream equipment?

     _____

J. Will upstream / downstream equipment be operational at time of start-up?   Yes _____   No _____

K. Will customer provide required test product?   Yes _____   No _____
     pallets _____   slipsheets _____   product (all sizes) _____
     comments: _____

     _____

List any specifications or requirements not addressed in this questionnaire. Also information on competition (very important)

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Your signature is required and assures that this information is correct and will be the reference for the quotation, design, and manufacturing of your system. The building of your machine may begin immediately upon receipt of your P.O. and this questionnaire. Any changes requested after that time, such as a change in the number of patterns, may be subject to an upcharge. If this questionnaire is being submitted to obtain a quotation,

Customer's Signature: _____

HCM Sales Rep. Signature: _____