pellikowrapper

Pre-order form: Information we need to collect from the customer:

Vendor:_____

1. **Customer data:**
    a. Date :_____
    b. Location:_____
    c. Company Name:_____
    d. Mill Address:_____
    _____
    e. Billing address:_____
    _____
    f. Customer contact info including:
        - the project manager from the mill:_____
        - Telephone:_____
        - Fax:_____
        - Email: _____

2. **Data required for cost analysis**
    a. Total annual wrapping cost ($'):_____
    b. Cost of actual wrapping (woven)
        i. per sq meter:_____
        ii. Bag cost per size:_____
        iii. Per kg :_____
    c. Total cost of staples, gun, depreciation of tools, maintenance:_____
    d. Cost of man power per year including benefits:_____

3. **Production data**
    a. Mill volume in MM cu M:_____
    b. Percentage of output wrapped:_____
    c. Woven purchase quantities per year in sq meter: _____
    d. How many bundles per shift (average):_____
    e. Conveyors speed:_____mpm

f. Type of chains used:_____
    g. Roll dimensions:
        - length:_____m
        - width:_____m

    h. How many operators per shift are wrapping:_____
    i. How many operators per shift can be saved:_____

a. Limiting factors:_____
b. Efficiency opportunities:_____

j. How many shifts per day:_____
k. How many hours per shift:_____
l. How many operating days per week:_____
m. How many weeks per year:_____
n. Question the assumptions and make sure we can really reduce the operators prior to presenting the proposal.

4. **Bundles size and related information (fill annexe A attached)**
   a. Does the mill produce:
      - full packs:____
      - half packs:____
      ii. What are the minimum length:_____m
      iii. What is the maximum length:_____m
      iv. Minimum width: _____m
      v. Maximum width: _____m
      vi. Minimum height: _____m
      vii. Maximum height: _____m
   b. Does the mill use dunnage under the bundles: yes _____; No_____
      i. What is the exact size of the dunnage:_____x_____mm
   c. What is the temperature of the bundle at the wrapping area? Useful in OSB, composite decking etc... :_____deg C
   d. What is the ambient temperature at the wrapping area? _____deg C
      We won't wrap outside or at temperature below -10 degrees Celsius...

5. Graphics
   a. Is there a logo, specific info that has to appear on the new bundles?_____
      i. How many colors in the print?_____
      ii. How many print options?_____
      iii. What is the percentage of coverage of the print?_____%
      iv. How many wrap dispensers required?_____
      v. How many wrap selectors required?_____

N.B: * For a precise calculation please give us the numbers of a "typical year"
** Usually we keep only one operator and he will take care of the strapping and the bundle ID.

6. Complete layout of wrapping area: _____yes_____no
   i. If N.A, take measurement of the area were will be installed the Pellikowrapper usually just after the strapping machine. Could be installed lineally_____ or transversely_____.
   ii. Height from floor to truss including any impediments:_____m
   iii. Distance from center of the out feed conveyor to wall or anything in the way including impediments._____m

7. Section view of existing wrapping area

i. If N.A, take measurement of installation area for the Pellikowrapper usually just after the strapping machine. Can be install in-line_____ or transversely_____.
ii. Height from floor to truss including any impediments:_____m
iii. Distance from center of the out feed conveyor to wall or anything in the way including impediments._____m
iv. Height of existing out feed from top of chains to floor:_____m

8. Pictures

a. Existing equipment

i. Thorough overview to include: kind of strapping, type of paper dispenser, we will see all obstacles our future Pellikowrapper installation.
ii. That will also help to understand the existing wrapping operation
iii. Is there a lath breaker mechanism?_____yes _____no
iv. Must labelling be automated? ?_____yes _____no

b. Photos of the surroundings

i. operators location
ii. is there interference from Posts, walls, slope of roof, etc.?
iii. Are there sufficient openings like garage doors?_____yes_____no
iv. Do we have to open a wall or ceiling to bring the machine in place? _____yes_____no
v. Do we have to disassemble some equipment to be able to do our installation? _____yes_____no
vi. Do they bar code the lumber, etc...? _____yes_____no
vii. Is there a lumber re-entry before strapping? _____yes_____no **If yes, is the length of the bundle is verify with: the operator, scanner, limit switch??**

c. Photos of unwrapped bundles

i. To see if the lath comes out of the bundles and will require a lath breaker system.
ii. Average quality of the lumber and bundle

d. Photos of wrapped packages:

i. See the number of colors on logo,
ii. Take picture of all the different wraps (special order, special paper for premium etc)

9. We need to ask what mill voltage is available

-_____volts 3 phases
-_____volts 1 phase

10. **We need dry air .Do we have the minimum described below:** _____yes_____no

a. Recommended in feed airline of 1"diameter at a maximum distance of 50 feet of a main airline of 3" diameter or else an air tank will be needed for accumulation.
b. Must be 6.5 bars (dry air) Pellikowrapper peak at 0.85 SCMM for 10 sec

11. **Inquire about their existing controls**
    a. Siemens specify type:_____
    b. We need the communication protocole, specify type:_____
    c. We need the information on bundle size coming from: _____
       (stacker,Strapping machine,any measuring device)

12. Question about the centering device (Critical Issue)

- **a.** Some customer can do the work them self, but they need to guarantee us the centering of the bundle within 6 mm lengthwise and transversely? Will they do it themselves? _____yes_____no
- **b.** Do they have a VFD on the out feed transfer _____yes_____no
  - **i.** If yes they will stop the bundle lineally within 6 mm easily
- **c.** We may need to offer the Usital mechanical centering device:_____yes_____no

13 Delivery date for the equipment:_____

- **customer pays for del'y:_____yes_____no**
- **customer coordinate del'y: _____yes_____no**

Comments:

14 Mechanical installation date:_____

Comments:

15 Start up date :_____

Comments:

Filled by:_____Date:_____

Comments: