



Cousins Packaging Inc.
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Effective: June 2020

APPLICATION SURVEY FORM FOR COCOON WRAP SYSTEMS

Date: _____

USER / DISTRIBUTOR INFORMATION

Company Name: _____
 Address _____
 City, State, Zip _____
 Phone No. _____ Fax No. _____
 Contact _____ Title _____

Distributor Name _____
 Address _____
 City, State, Zip _____
 Phone No. _____ Fax No. _____
 Contact _____ Title _____

Process Rate:
 Rate determined by: Material Handling Equipment Production Operators Other
 Describe other: _____

Normal process rate: _____ Rolls Per Hour
 Surge or peak rate: _____ Rolls Per Hour
 Future expectations: _____ Rolls Per Hour

Production Time Basis:
One shift (8 hours) Two shifts (16 hours) Three shifts (24 hours)
 Average working days per year (annual rate) _____

Type of Material Handling Equipment Used to Load/Unload System:

- Forklift Clamp Truck Carpet Pole Overhead Crane
 Conveyors Roll Push-off assembly Other – describe: _____

Wrapping Requirements:

% of overlap: _____ No. of layers: _____ Total No. of Wraps: _____

Is film required to wrap under the bottom edge of the roll? Yes No

Is film required to wrap over the top edge of the roll? Yes No

Are edge protectors being used? Yes No Are end protectors being used? Yes No

Type of Wrapping Equipment to be quoted:

High Profile Yes No Rotary Arm Yes No

Semi-automatic operation Yes No Fully automatic operation Yes No

Film Carriage Information:

Film Width? 20" 30" Film Pre-stretch level required _____ Fixed

(Standard shipped with machine is 207%)

Non-Prestretch carriage required? Yes No

Film Brand _____ Type _____ Gauge _____ Roll Width _____ Roll Diameter _____

Colour _____ Cling _____ No Cling _____ Cling one side _____

Check appropriate product type:

Sponge foam Corrugated Paper Fine Paper Specialty Paper Newsprint

Kraft Tissue Other – describe: _____

Colour of product _____

Roll Sizes

Note: If roll load presented to the machine is comprised of slices, show overall length of load, number of slices, and total weight of load.

Sizes	Overall Length	Diameter	No. of Slices	Total Weight
Minimum				
Maximum				

Electrical:

Select Proper Voltage: 115V 1 Phase (std.) 208V 1 Phase 230V 1 Phase
 208V 3 Phase 230V 3 Phase 460V 3 Phase

Components: (indicate if a specific brand is required)

PLC: ~ Cousins Standard ~ Other (list brand & model) _____

Electrical:

~ Cousins Standard ~ Other _____ Photo-eyes
~ Cousins Standard ~ Other _____ Sensors
~ Cousins Standard ~ Other _____ Limit Switches
~ Cousins Standard ~ Other _____ Push-buttons
~ _____

Mechanical:

~ Cousins Standard ~ Other _____ Motors
~ Cousins Standard ~ Other _____ Gear-Reducers
~ _____

Environment:

Typical area temperature? Min. _____°F Max _____°F Average _____°F

Ceiling height clearance? _____ feet Overhead cranes? Yes No

Area factors: Wash-down/corrosive (define below)
 Wash-down/high or low pressure (define below)
 Cold Room (32 F to 0 F) Freezer Room (0 F to -30 F)
 Explosive dust Explosive vapors High humidity

Describe area factors: _____

Area/Building special classification: Class _____ Division _____ Group _____

Other NEMA requirements: _____

System Installation/Start-up:

Start-up by? Cousins (requested) Customer Distributor

Customer Source of Information

Cousins' Distributor Representative

Name: _____

Name: _____

Title: _____

Title: _____

Date: _____

Date: _____

Signature: _____

Signature: _____