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Effective: January 2015

**APPLICATION SURVEY FORM FOR FULLY AUTOMATIC SYSTEMS**

Date: \_\_\_\_\_ Region: \_\_\_\_\_ Project No: \_\_\_\_\_

**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 \_\_\_\_\_

**What is the current unitizing method?**

\_\_\_\_\_  
\_\_\_\_\_

**Specify requested improvements:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Application Survey Form for Automatic Systems**

**PRODUCTION REQUIREMENTS**

**Process Rate:**

Rate determined by  Forklifts  Conveyors  AGV  Palletizer  Other

Describe other: \_\_\_\_\_

Normal process rate: \_\_\_\_\_ Loads Per Hour

Surge or peak rate: \_\_\_\_\_ Loads Per Hour

Future expectations: \_\_\_\_\_ Loads 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  AGVS  Clamp truck  Powered Hand Jack  
 Push/Pull  Dual Forklift  Manual Hand Jack  Overhead Monorail  
 Transfer Cart  Basiloid Top Load Attachment  Other

**Conveyor Information:**

All Automatic in-line systems include one infeed, system and one discharge powered roller conveyor sections. Additional conveyor sections can be added to process or stage more palletloads.

**System Loading/Unloading:**

System loading:  End-Loaded  Side-Loaded  Both

System unloading:  End-Unloaded  Side-Unloaded  Both

Is system to match a palletizer  Yes  No

Palletizer discharge conveyor height: \_\_\_\_\_ " (floor to top of discharge rollers)

Palletizer discharge conveyor speed: \_\_\_\_\_ FPM Fixed?  Yes  No Variable?  Yes  No

Is system to match other conveyor?  Yes  No

Other conveyor pass-line height: \_\_\_\_\_ " (floor to top of rollers)

Other conveyor speed: \_\_\_\_\_ FPM Fixed?  Yes  No Variable?  Yes  No

**Current Conveyor Specifications:**

Roller style: Diameter: \_\_\_\_\_ " Spacing: \_\_\_\_\_ " Length: \_\_\_\_\_ " Gauge: \_\_\_\_\_ " Chain Size: \_\_\_\_\_

Strand Chain Style: Number of chains: \_\_\_\_\_ Size: \_\_\_\_\_ Spacing: \_\_\_\_\_ Slats: \_\_\_\_\_ (Slat Length \_\_\_\_\_")

Belt Style:  Steel Mesh  Rubber  Poly Belt Size: Length \_\_\_\_\_ " Width \_\_\_\_\_ "

**Application Survey Form for Automatic Systems**

**PRODUCTION REQUIREMENTS (cont.)**

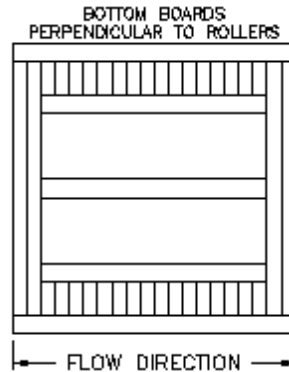
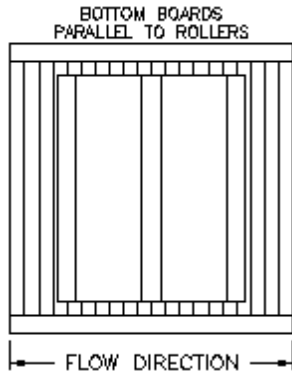
**Load Positioning:**

Will load be positioned on centerline?  Yes  No Will load be edge referenced?  Yes  No

Describe other if applicable: \_\_\_\_\_

**Bottom Boards:**

Are the bottom boards on the pallet...



Parallel to conveyor rollers

Perpendicular to conveyor rollers

**Additional Conveying Requirements:** (See diagram on page 6 for visual description)

Will system require 90 degree turntable transfer?  Yes  No

Infeed transfer?  Yes  No Exit transfer?  Yes  No

90 degree pop-up chain conveyor?  Yes  No

90 degree rotating turntable?  Yes  No

Other? Describe: \_\_\_\_\_

**WRAPPING REQUIREMENTS**

No. of Top Wraps: \_\_\_\_\_ No. of Bottom Wraps: \_\_\_\_\_ No. of Wraps (full web): \_\_\_\_\_

Is film required to lock pallet?  Yes  No Distance from bottom of pallet: \_\_\_\_\_

Is outside storage and/or shipping required?  Yes  No For how long: \_\_\_\_\_

Film tail heat seal required?  Yes  No

Will Bar Code/Label be read through film?  Yes  No

Is cap/tray/slip-sheet tab folder required?  Yes  No

If yes, provide necessary dimensions and information: \_\_\_\_\_

**Film Carriage Information:**

Film Width?  20" Film  20"/30" Film  40" to 70" Film (Full Web) \_\_\_\_\_

Pre-stretch level required? \_\_\_\_\_ Fixed (standard shipped with machine is 250%)

**Application Survey Form for Automatic Systems**

**PRODUCT INFORMATION**

**Check appropriate individual unit/container:**

- Bag     Carton     Cans                       Bottle (glass)     Bottle (plastic)     Tray  
 Bundle     Bale     Cut Metal Pieces     Cut Wood Pieces     Pails/Buckets

Color of product: \_\_\_\_\_ Describe product: \_\_\_\_\_

**Individual unit/container dimensions:**

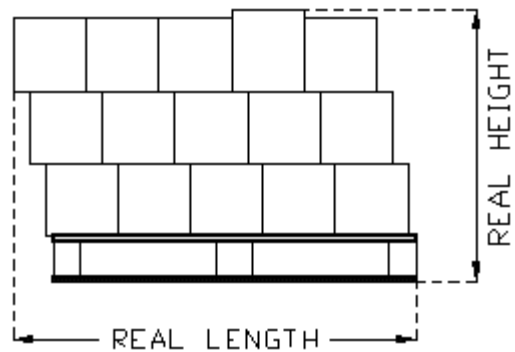
Unit Container	Length	Width	Height	Weight	Color
Minimum					
Maximum					
Other					
Other					

**LOAD CONFIGURATIONS**

When determining load sizes, it is important to Verify all dimensions including any load imperfections

- Type 'A' Loads - Uniform and match the pallet  
 Type 'B' Loads - Less than 3" variance  
 Type 'C' Loads - More than 3" variance

The below palletload dimensions must be for the Overall load, not just the pallet itself or a single Layer.



**Load sizes including pallet:**

Sizes	Pallet Size		Load Size		Height		% of
	Length	Width	Length	Width	Incl. Pallet	Weight	Production
Palletload 1							
Palletload 2							
Palletload 3							

Describe palletload if load is larger than pallet or slip-sheet: \_\_\_\_\_

Does load overhang pallet?  Yes     No    Distance: \_\_\_\_\_

Is load inboard from edge?  Yes     No    Distance: \_\_\_\_\_

**Application Survey Form for Automatic Systems**

**LOAD CONFIGURATIONS (cont.)**

**Load Stability:**  High  Medium  Low

**Top Layer Configuration:** (check all applicable)

Full Layer  Level  Partial  Uneven  Voids

**How is load formed?**

Palletizer  Robot  Manipulator  Manually

Manufacturer's name and type: \_\_\_\_\_

**How is the product stacked?** (check all applicable methods)

Column Stacked  Interlocked Stacked Pattern  
 On a pallet  On a slip-sheet  Palletless/Unitized  
What is the pallet material?  Wood  Plastic  Composite Wood  Metal  
What is the slip-sheet material?  Corrugated  Fiber  Plastic  Plywood  
Is the slip-sheet used as a divider between layers?  Yes  No  
Are pallet and slip-sheet combined?  Yes  No  
Does slip-sheet ship with pallet?  Yes  No  
Does slip-sheet require overwrap?  Yes  No  
Is slip-sheet tab folder required?  Yes  No  
Is the product?  Brite Stacks  Tier Sheet Layered  
Is this a "Basiloid" type container?  Yes  No  
Are caps/trays required?  Yes  No  
If yes, location?  Top  Bottom  Both  
Is roping required?  Yes  No  
Is a top sheet required?  Yes  No If yes,  "In-line"  "Mid-cycle"  
Top sheet film specifications: Gauge \_\_\_\_\_ Roll Width \_\_\_\_\_ Roll Diameter \_\_\_\_\_

**FILM**

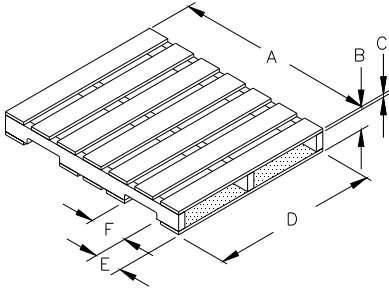
**Indicate film:**

Brand \_\_\_\_\_ Type \_\_\_\_\_ Gauge \_\_\_\_\_ Roll Width \_\_\_\_\_ Roll Diameter \_\_\_\_\_  
Color \_\_\_\_\_ Cling \_\_\_\_\_ No Cling \_\_\_\_\_ Cling one side \_\_\_\_\_

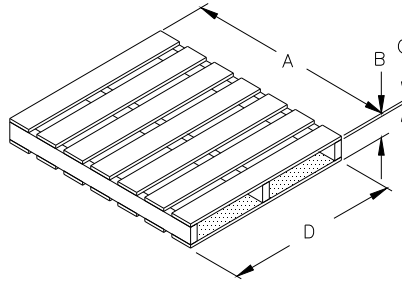
**Application Survey Form for Automatic Systems**

**PALLET CONSTRUCTION / ORIENTATION**

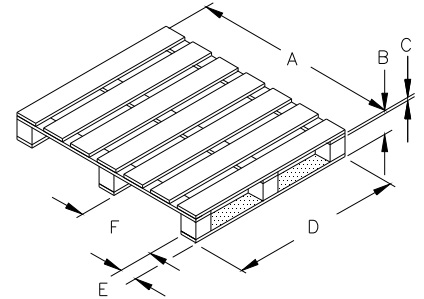
Clearly select the proper drawing matching customer pallets and indicate pallet flow:



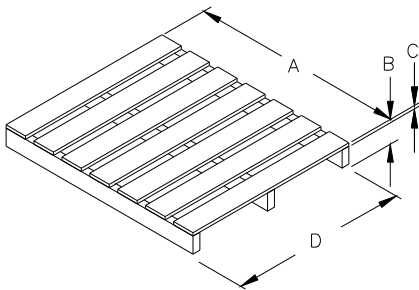
**TYPE 'A'**  
**GMA STYLE**



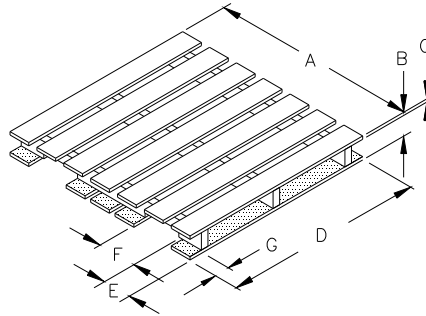
**TYPE 'B'**  
**2 WAY ENTRY STYLE**



**TYPE 'C'**  
**BLOCK STYLE**



**TYPE 'D'**  
**2 WAY ENTRY STYLE**



**TYPE 'E'**  
**WINGED STYLE**

**DIMENSIONS**

TYPE	A	B	C	D	E	F	WT

Indicate condition of pallets:  New  Used  Reconditioned

Describe condition of bottom boards if used/reconditioned (**important information**):

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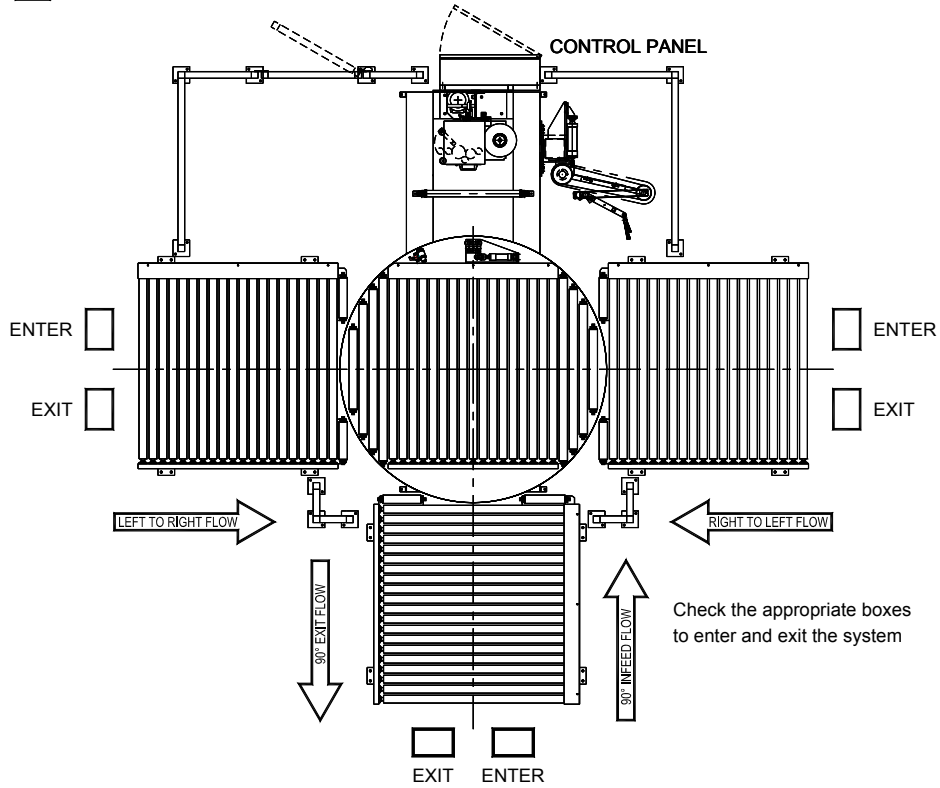


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**Application Survey Form for Automatic Systems**

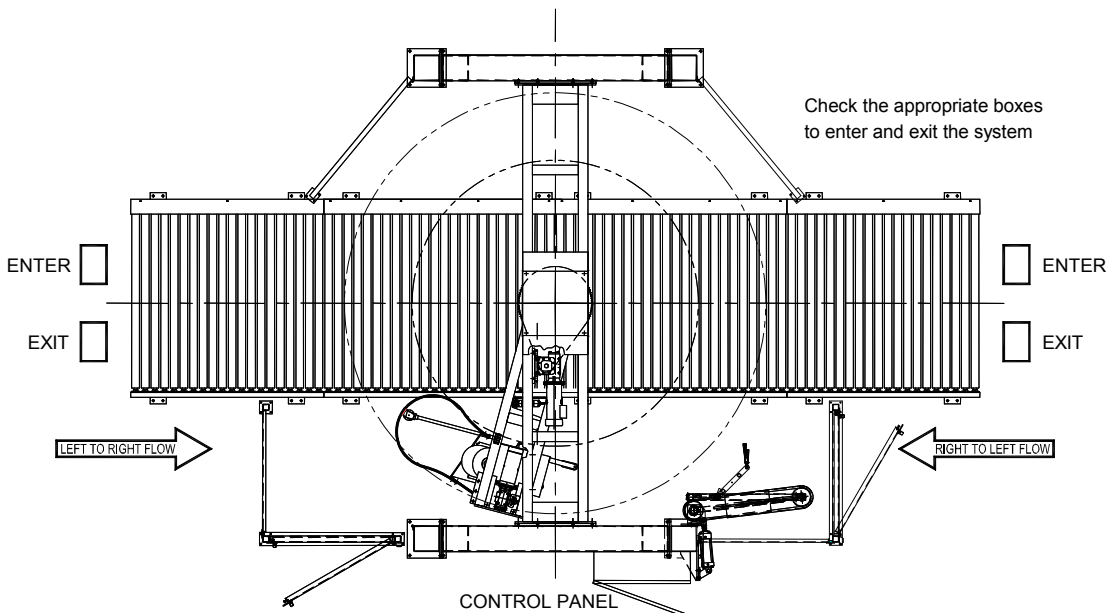
**SELECT SYSTEM / FLOW REQUIREMENTS**

MODEL 6100-CTA



MODEL 4100-OHA

MODEL 7100-OHA



**Application Survey Form for Automatic Systems**

**GENERAL EQUIPMENT SPECIFICATIONS**

**Electrical:**

- Electrical Supply Voltage:**      115V 1 Phase                      230V 1 Phase  
    208V 3 Phase                      230V 3 Phase      460V 3 Phase  
    575V 3 Phase                      Other – specify \_\_\_\_\_

- Electrical Control Voltage:**      115VAC control / 115VAC outputs / 24VDC inputs (standard)  
    All 24VDC (optional)

Other (explain): \_\_\_\_\_

- Is input power consistent?      Yes    No  
 Is power subject to spike/drops/surges?    Yes    No  
 Is power line clean/separate from circuit breaker?    Yes    No  
 Is a separate isolation transformer or special line protection required?    Yes    No  
 Preferred brand? \_\_\_\_\_

**Components:** (indicate if a specific brand is required)

**PLC:**

- Cousins Standard    Other (list brand & model) \_\_\_\_\_

**Electrical:**

- Cousins Standard    Other \_\_\_\_\_ Photo-eyes  
 Cousins Standard    Other \_\_\_\_\_ Proximity Sensors  
 Cousins Standard    Other \_\_\_\_\_ Limit Switches  
 Cousins Standard    Other \_\_\_\_\_ Push-buttons  
 \_\_\_\_\_  
 \_\_\_\_\_

**Mechanical & Pneumatic:**

- Cousins Standard    Other \_\_\_\_\_ Motors  
 Cousins Standard    Other \_\_\_\_\_ Gear-Reducers  
 Cousins Standard    Other \_\_\_\_\_ Air Cylinders  
 Cousins Standard    Other \_\_\_\_\_ Solenoid Valves  
 Cousins Standard    Other \_\_\_\_\_ Pneumatics  
 \_\_\_\_\_  
 \_\_\_\_\_

**Standard Paint:**

- Cousins standard color  
 Special customer color (specify manufacturer, type, and paint number) \_\_\_\_\_  
 (sample paint chip required)



**Application Survey Form for Automatic Systems**

**INSTALLATION / START-UP INFORMATION**

**Environment:**

Installation site ambient temperature? \_\_\_\_\_ °F Max \_\_\_\_\_ °F Min \_\_\_\_\_ °F Typical

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:**

Installation by?    Customer     Distributor     Outside contractor     Cousins

Start-up by?     Cousins (required)    Cousins (requested)    Customer    Distributor

Plant maintenance ability:   Skilled electrical?       Yes    No

  Skilled mechanical?       Yes    No

  PLC trained people?       Yes    No

Additional requirements:     Additional manual(s)    Drawings

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**Customer Source of Information**

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

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**Cousins' Distributor Representative**

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

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**Application Survey Form for Automatic System**

**SKETCH PROPOSED LAYOUT**

**Be sure to detail as much as possible.** i.e.: Palletizer, conveyors, aisle-ways and spacing, I-beams, obstructions, electrical & pneumatic availability, etc.

**Additional Notes:**

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