

Warehouse Label & Sign Installation Survey

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|--------------------------|----------------------|----------|----------------------|
| Customer: | <input type="text"/> | Contact: | <input type="text"/> |
| Telephone: | <input type="text"/> | Email: | <input type="text"/> |
| Project Completion Date: | <input type="text"/> | | |

WAREHOUSE LAYOUT / ENVIRONMENT

| | | | |
|---|---------------------------------------|-------------------------------------|--|
| Size/Sq. Feet: | <input type="text"/> | | |
| Aisle Width (please attach pictures if possible): | <input type="checkbox"/> Narrow Aisle | <input type="checkbox"/> Wide Aisle | <input type="checkbox"/> Both |
| Floor Plan Available (please attach CAD drawing if possible): | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Working Environment: | <input type="checkbox"/> New | <input type="checkbox"/> Active | |
| Temperature Range: | <input type="text"/> | | |
| Electrical Supply: | <input type="checkbox"/> 110 | <input type="checkbox"/> 220 | <input type="checkbox"/> Both |
| Union Shop: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Accessible 24/7: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | If NO, accessible hours: Start <input type="text"/> End <input type="text"/> |
| Forklift and Driver Available (to move product): | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |

RACK LABEL INSTALLATION

| | | | | |
|---------------------------------------|--|---|------------------------------------|-----------------------------------|
| Racking Types (check all that apply): | <input type="checkbox"/> Single Select | <input type="checkbox"/> Double Deep | <input type="checkbox"/> Push Back | <input type="checkbox"/> Drive In |
| | <input type="checkbox"/> Drive Through | <input type="checkbox"/> Shelving | <input type="checkbox"/> All | <input type="checkbox"/> Other |
| Top Beam Height: | Bottom Beam Height: <input type="text"/> | | | |
| Beam Depth: | Beam Dimension (height x width): <input type="text"/> | | | |
| Wire Decking Already Installed? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| Are Racks Free of Product? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| Are Racks Clean? | <input type="checkbox"/> Yes | <input type="checkbox"/> No (All horizontal and vertical faces need to be cleaned of dirt and dust) | | |
| Beam Face Type: | <input type="checkbox"/> Smooth | <input type="checkbox"/> Indented | | |
| Type of Racking: | <input type="checkbox"/> New | <input type="checkbox"/> Used | | |
| Type of Racking: | <input type="checkbox"/> Painted | <input type="checkbox"/> Cast | <input type="checkbox"/> Rolled | |
| Number of Levels of Racking: | If this varies, mention the range (ie, 2-8) <input type="text"/> | | | |
| Existing Labels on Racks: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| Layout for Label Placement Available: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| Number of Labels to be Installed: | <input type="text"/> | | | |
| Location Where Label will be Placed: | <input type="checkbox"/> Ground Level (less than 6 ft) | <input type="checkbox"/> Above Ground Level (above 6 ft) | | |
| Label or Other Removal Required? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |

WAREHOUSE SIGN INSTALLATION

| | | | |
|--|---|-----------------------------|--|
| Ceiling Clear Height: | Stack Height of Product: <input type="text"/> | | |
| Existing Hardware (cable or conduit): | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Number of Signs to be Installed: | <input type="text"/> | | |
| Number of Cable/Conduit Runs: | <input type="checkbox"/> | | |
| Total Number of Linear Feet (conduit): | Total Number of Linear Feet (cable): <input type="text"/> | | |
| Height to Bottom of Sign: | Floor to Bottom of Sign: <input type="text"/> | | |

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|---------------------|----------------------|--------|----------------------|--------|----------------------|
| Project Mgr/Leader: | <input type="text"/> | Phone: | <input type="text"/> | Email: | <input type="text"/> |
| List Facility Mgrs: | <input type="text"/> | Phone: | <input type="text"/> | Email: | <input type="text"/> |