



CO-PACKER SURVEY

COMPANY: _____
CONTACT: _____ PHONE: _____
ADDRESS: _____ FAX: _____
CITY, STATE, ZIP: _____

CORE: _____ UNWIND: _____

MAX O.D.: _____ MAX ROLL WEIGHT: _____

MINIMUM AMOUNT PER ROLL : _____

MAX NUMBER OF SPLICES: _____

PALLET SIZE: _____

EYE SPOT SIZE: _____

EYE SPOT LOCATION: _____

MVTR REQUIRED: _____

OTR REQUIRED: _____

GAUGE: MINIMUM _____ MAXIMUM _____

TYPE EQUIPMENT: _____

PRODUCTION SPEED: _____

JAW PRESSURE/TEMPERATURE: _____

TYPE OF SEAL: FIN SEAL _____ LAP SEAL _____ OTHER _____
IF OTHER, PLEASE PROVIDE DRAWING

DESIRED SEAL STRENGTH: _____

C.O.F. SPECIFICATIONS: _____

PACKAGE CONTENTS: WET _____ DRY _____

PACKAGE CONTENTS INGREDIENTS: _____

PRINTER IS NOT RESPONSIBLE FOR LOST TIME
AND/OR PRODUCT AS A RESULT OF INFORMATION
NOT COMPLETED ON THIS FORM.