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PALLETIZING APPLICATION
INFORMATION SHEET

1. GENERAL INFORMATION

Company : _____ Date: _____
Street address: _____ Phone Number: _____
City, State, Zip: _____ FAX Number: _____
Technical Contact: _____ Customer E-Mail: _____
Title: _____
Proposal due by (date): _____

Please Complete and Fax back to HCM 1-630-734-0681
or email to sales@hcmsystems.com

Type of quote requested:

- Budgetary - for initial budgetary proposal (project not justified or approved).
Budgetary - project is justified / approved, no funds approved at this time.
Firm - project is justified and has approved funds, ready to purchase.

Machine type:

- Gantry pick-n-place palletizer.
Traditional case palletizer.
Low level case palletizer (floor level loading - low or high infeed)
Robotic Palletizer
Low level bag palletizer (floor level loading - low or high infeed)
High level bag palletizer high level loading - high infeed)
Other _____
Optional equipment _____
(tabletop, case or pallet conveyor; stretchwrapper, checkweigher, metal detector, reject system, incline belt with bag flattener, etc.)

Is CAD layout available on disk? yes _____ AutoCAD Version R _____ no _____ *

* If not, please supply complete layout dimensions of the area(s) including locations of incoming product and outgoing finished goods, fork truck aisles, building supports, overhead clearances, drains, other equipment, obstructions, etc.

2. PRODUCT INFORMATION

A. Specific contents of product(s) to be palletized: _____

B. Product description: boxes _____ bags _____ drums _____ trays _____ other _____

1. CASES / BOXES / TRAYS

RSC _____ HSC _____ Bliss _____
 Wrap-around _____ Display _____ Tray _____
 Case flaps: Open _____ Taped _____ Glued _____
 Is tray shrinkwrapped Yes _____ No _____
 Case orientation: Labels out _____ Doesn't Matter _____ Special _____

2. BAGS

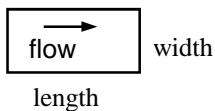
Bag type: Paper _____ Poly _____ Woven _____ FFS _____ Other _____
 Bag top is sealed by: Sewn _____ Valve _____ Heat Seal _____
 Bag fill is: Loose _____ Firm _____
 Bag orientation: Butts out _____ Doesn't Matter _____ Special _____

3. PAILS / DRUMS

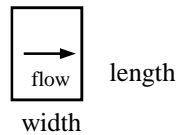
Pail type: Straight _____ Tapered _____
 Pail material: Plastic _____ Fiber _____ Metal _____
 Pail size 2 Gallon _____ 5 Gallon _____ 10 Gallon _____
 20 Gallon _____ 55 Gallon _____ Other _____
 Do pails have handles? Yes _____ No _____
 If yes, are handles in a consistent location on pail at infeed? Yes _____ No _____
 Can pails be lifted by top (vacuum)? Yes _____ No _____
 Are labels out required? Yes _____ No _____
 Do containers nest on top of each other? Yes _____ No _____

C. Infeed orientation:

1. CASES / BOXES / TRAYS

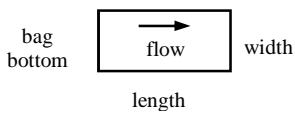


Width leading

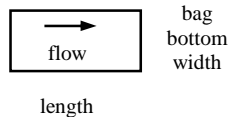


Length leading

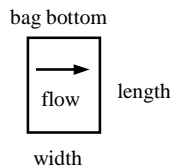
2. BAGS



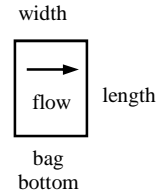
Width leading



Bottom leading



Length leading



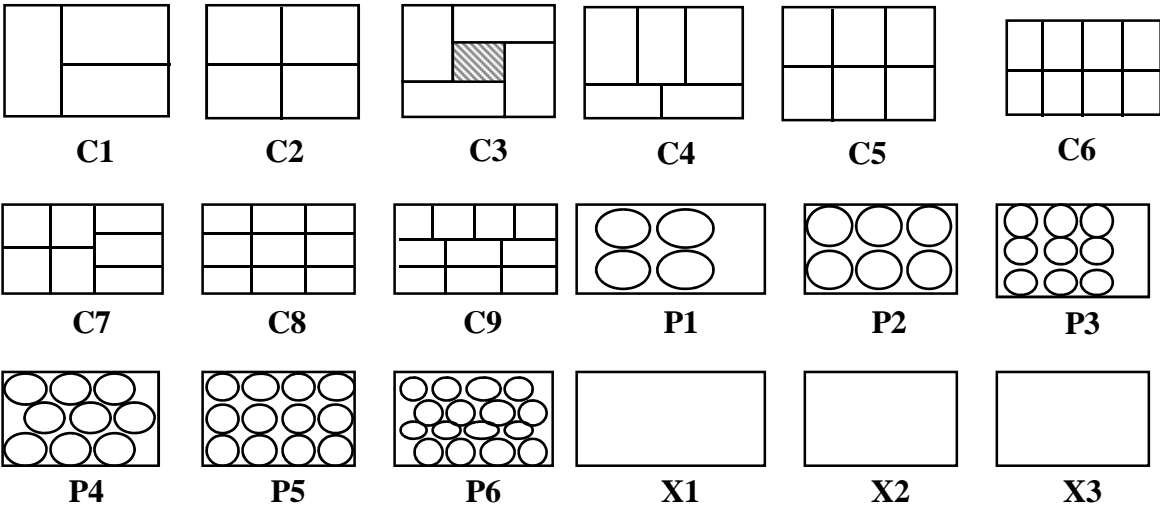
Bottom left Bottom Right

- D. Number of production lines _____ Number of lines running simultaneously _____
- E. Number of shifts _____ per day, days _____ per week, & weeks _____ per year
- F. Infeed rates are (cpm = Cases per Min) _____ cpm MAX _____ cpm MIN _____ cpm Average
- G. Can HCM change the layer patterns to improve load stability or increase machine efficiency? Yes _____ No _____
- If yes, can load count change to accomplish this? Yes _____ No _____
- H. What is the maximum load height, including pallet? _____ inches.
- I. Are layer pattern gaps necessary for load ventilation or cooling? Yes _____ No _____
- J. Package specifications (use additional sheets if necessary)

Line No (s).	Product (description)	Length (in.)	Width (in.)	Height (in.)	Wgt. (lbs.)	Product* / min.	Product / layer	Layers / load	Pattern (below)	Pallet Size	Bottom, Top, Tier Sheet**

* Number of Cases, Trays, Bags, Pails or Drums per minute from the production line.
 ** Please mark "B" if Bottom Sheet and/or "TOP" if Top Sheet and/or "T" if Tier Sheet are required

3. PATTERNS



4. LOAD SUPPORT

A. Load will be supported by:

- | | |
|---|---|
| <input type="checkbox"/> pallet only | <input type="checkbox"/> pallet + bottom sheet |
| <input type="checkbox"/> slipsheet only | <input type="checkbox"/> slave board + bottom sheet |
| <input type="checkbox"/> slave board only | <input type="checkbox"/> no load support (unitized) |

B. Can loads overhang support?

Yes _____ No _____

C. Loads will be removed from system by:

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> forklift | <input type="checkbox"/> manual pallet jack |
| <input type="checkbox"/> clamp truck | <input type="checkbox"/> powered hand jack |
| <input type="checkbox"/> push pull | <input type="checkbox"/> dual forklift |

Pallet Information

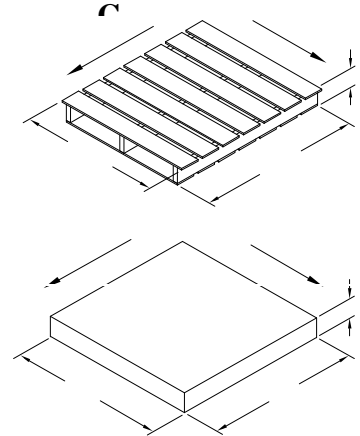
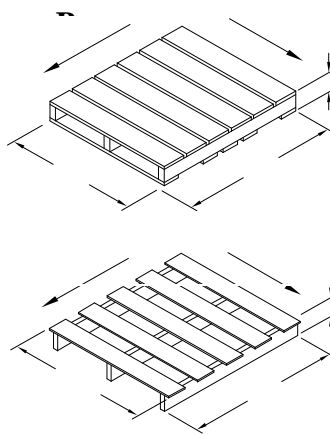
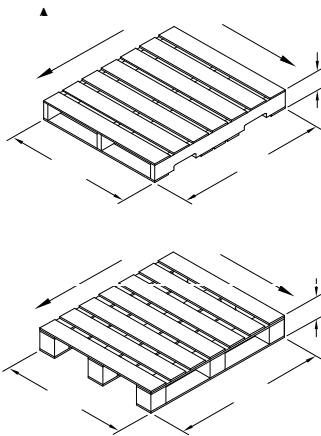
A. Check pallet style below.

B. Fill in pallet length, width and height.

C. Circle preferred pallet travel direction.

D. Pallet weight _____ lbs.

E. Number of bottom boards _____



- A - 4-way, GMA, notched stringer, non-reversible, wooden
- B - 2-way, flush stringer, non-reversible, wooden
- C - 2-way, single top wing, non-reversible, wooden
- D - 4-way, block style, non-reversible, wooden
- E - 2-way, single top wing, no bottom boards, non-reversible, wooden
- F - Describe Other _____

Slipsheet Information (This is the bottom sheet that is placed directly on the pallet)

- A. Specify material: Corrugated _____ Polysheet _____ Chipboard _____
Other _____
- B. Are sheets attached to pallet? Yes _____ No _____
If yes, how? glued _____ stapled _____
- C. Length (not including tabs): Min. _____ in. Max. _____ in.
- D. Width (not including tabs): Min. _____ in. Max. _____ in.
- E. Tab width _____ in. Number of tabs _____
(attach sketch showing orientation of tabs to load)
-

Tiersheet Information (These are the interlayer sheets that are placed between layers of product)

- A. Specify material: Corrugated _____ Polysheet _____ Chipboard _____
Other _____
- B. Length (not including tabs): Min. _____ in. Max. _____ in.
- C. Width (not including tabs): Min. _____ in. Max. _____ in.
- D. Tab width _____ in. Number of tabs _____
- E. Between which layers _____
(attach sketch showing orientation of tabs to load)
-

Topsheet Information (This is the sheet that is placed on top of the last layer of product)

- A. Specify material: Corrugated _____ Polysheet _____ Chipboard _____
Other _____
- B. Length (not including tabs): minimum _____ in. maximum _____ in.
- C. Width (not including tabs): minimum _____ in. maximum _____ in.
- D. Tab width _____ in. Number of tabs _____
(attach sketch showing orientation of tabs to load)
-

5. ENVIRONMENTAL FACTORS

- A. Available ceiling height in palletizing area (floor to ceiling) _____ (in.)
Describe, if not uniform: _____
- B. Ambient operating temperatures: Min. _____ °F Max. _____ °F
- C. The environment the palletizer will be operating in is: (check all that apply)
- | | | |
|---|---|--|
| <input type="checkbox"/> Spill prone | <input type="checkbox"/> Ventilated | <input type="checkbox"/> Corrosive |
| <input type="checkbox"/> Washdown | <input type="checkbox"/> Dusty | <input type="checkbox"/> Humid |
| <input type="checkbox"/> Exposed to weather | <input type="checkbox"/> Explosive | <input type="checkbox"/> none of the above |
| <input type="checkbox"/> Enclosed | <input type="checkbox"/> Heated /cooled | |

6. OPTIONS

- A. Preferred electrical service: Voltage _____ Phases _____ Frequency _____ Hz
NOTE: Standard machine voltage is 480 VAC, 3Ph, 60 Hz. There is an upcharge to provide for a different voltage or frequency.
- B. Color to be std. Manufacture OEM specification. Yes _____ No _____
- If no, special type / color _____
(Customer to supply paint chip)
-

7. MISCELLANEOUS

- A. All Door Sizes/Types to be used for Unloading of Palletizer _____
- B. Required infeed elevation _____ inches.
- C. Required pallet discharge elevation, if different from standard _____ inches.
(24" - 18" is typical)
- D. Required discharge conveyor speed (36 FPM is standard) _____ FPM
- E. Anything unique about product or application _____
(Are boxes bulged, unlevel on top, very loose filled bags, slippery surfaces, perishable, etc.)
- F. What are load dimensional tolerances? +/- _____ inches.
- G. Is the floor level? Yes _____ No _____ If no, explain _____
- H. Will HCM be Installing? No _____ Yes, complete _____ Supervision only _____
- I. Who will provide required communication with upstream / downstream equipment?

- J. Will upstream / downstream equipment be operational at time of start-up? Yes _____ No _____
- K. Will customer provide required test product? Yes _____ No _____
pallets _____ slipsheets _____ product (all sizes) _____
comments: _____

List any specifications or requirements not addressed in this questionnaire. Also information on competition (very important)

Your signature is required and assures that this information is correct and will be the reference for the quotation, design, and manufacturing of your system. The building of your machine may begin immediately upon receipt of your P.O. and this questionnaire. Any changes requested after that time, such as a change in the number of patterns, may be subject to an upcharge. If this questionnaire is being submitted to obtain a quotation,

Customer's Signature: _____

HCM Sales Rep. Signature: _____