

WM-Nano Wrapper Pre-Installation Site Survey

Date:	RLWS/Ishida Representative:
Distributor:	End User Customer:
Address:	Address:
Store Type:	<input type="checkbox"/> Chain <input type="checkbox"/> Independent <input type="checkbox"/> Food Processor <input type="checkbox"/> Other: _____
Products Wrapped:	<input type="checkbox"/> Meat/Poultry <input type="checkbox"/> Seafood <input type="checkbox"/> Produce <input type="checkbox"/> Cheese <input type="checkbox"/> Other: _____
Tray Size/% product	<input type="checkbox"/> 1S* _____% <input type="checkbox"/> 2 _____% <input type="checkbox"/> 2S _____% <input type="checkbox"/> 4 _____% <input type="checkbox"/> 4S _____% <input type="checkbox"/> 4D _____% <input type="checkbox"/> 4P _____% <input type="checkbox"/> 7S* _____% <input type="checkbox"/> 8S _____% <input type="checkbox"/> 8D/P _____% <input type="checkbox"/> 9L/H _____% <input type="checkbox"/> 10S _____% <input type="checkbox"/> 10K* _____% <input type="checkbox"/> 12S _____% <input type="checkbox"/> 16S _____% <input type="checkbox"/> 17S* _____% <input type="checkbox"/> 20S _____% <input type="checkbox"/> 25S* _____% <input type="checkbox"/> 10x14 _____% * Not supported <input type="checkbox"/> Other: _____% <input type="checkbox"/> Other: _____%
Communications Type:	<input type="checkbox"/> Ethernet-Wired <input type="checkbox"/> Ethernet-Wireless <input type="checkbox"/> None
Scale Management Software:	<input type="checkbox"/> SLP-V <input type="checkbox"/> PLUM <input type="checkbox"/> InterScale <input type="checkbox"/> None <input type="checkbox"/> Other: _____
PLU File Supplied:	<input type="checkbox"/> ASCII Text File <input type="checkbox"/> Hardcopy <input type="checkbox"/> Both (preferred) <input type="checkbox"/> None <input type="checkbox"/> Other: _____
Minimum Room Temperature:	_____ <input type="checkbox"/> F <input type="checkbox"/> C
Packages per Day:	_____
Typical Hours of Wrapper Operation:	_____ <input type="checkbox"/> AM <input type="checkbox"/> PM to _____ <input type="checkbox"/> AM <input type="checkbox"/> PM
Weight Range of Pkg:	_____ to _____ <input type="checkbox"/> lb <input type="checkbox"/> kg (Maximum: 7 lb)
Maximum Package Height:	_____ <input type="checkbox"/> inch <input type="checkbox"/> cm (Maximum: 5.1 inch)
Maximum Package Size:	_____ Tray _____ Height <input type="checkbox"/> inch (Maximum: 5.1 inch)
Options:	<input type="checkbox"/> POP Label Dispenser <input type="checkbox"/> Wash Down Cover <input type="checkbox"/> Other: _____
Countertop Scales Used:	<input type="checkbox"/> Ishida <input type="checkbox"/> Hobart <input type="checkbox"/> Toledo <input type="checkbox"/> Digi <input type="checkbox"/> TEC <input type="checkbox"/> Berkel <input type="checkbox"/> Bizerba <input type="checkbox"/> CAS <input type="checkbox"/> Other: _____
Model(s):	
Label Type:	<input type="checkbox"/> Standard (Stock) <input type="checkbox"/> Custom <input type="checkbox"/> Pre-Printed Safe Handling
Size:	_____ mm Long x _____ mm Wide
Voltage (1-Phase AC):	<input type="checkbox"/> 200V <input type="checkbox"/> 210V <input type="checkbox"/> 220V <input type="checkbox"/> 230V <input type="checkbox"/> 240V
Circuit:	<input type="checkbox"/> Dedicated <input type="checkbox"/> Shared with: _____ <input type="checkbox"/> Unknown
Equipment Replaced:	<input type="checkbox"/> Hand Wrap Station <input type="checkbox"/> Semi-Automatic Wrapper <input type="checkbox"/> Automatic Wrapper <input type="checkbox"/> New Installation
Make/Model of Replaced Equipment:	
Frequent Shopper	<input type="checkbox"/> Yes <input type="checkbox"/> No
Miscellaneous Comments:	