

Customer Technical Questionnaire - Bag in the Box

Doc. No. F-3

Date: _____ Company Name: _____ Contact: _____

1. Is the packaging already in use?: <input type="checkbox"/> Yes <input type="checkbox"/> No Bag Type: <input type="checkbox"/> Metal <input type="checkbox"/> EVOH <input type="checkbox"/> All Poly <input type="checkbox"/> Nylon Bags <input type="checkbox"/> Other: Bag Size : <input type="checkbox"/> 1L <input type="checkbox"/> 3L <input type="checkbox"/> 5L <input type="checkbox"/> 10L <input type="checkbox"/> 20L <input type="checkbox"/> 4.5 gallon <input type="checkbox"/> 6 gallon <input type="checkbox"/> Other:			
2. Product that is packaged: <input type="checkbox"/> Fruits <input type="checkbox"/> Vegetables <input type="checkbox"/> Wine <input type="checkbox"/> Dairy <input type="checkbox"/> Eggs <input type="checkbox"/> Other:			
3. In case of filling Fruit products: <input type="checkbox"/> Citrus <input type="checkbox"/> Peach <input type="checkbox"/> Apricot <input type="checkbox"/> Apple <input type="checkbox"/> Strawberry <input type="checkbox"/> Tropical <input type="checkbox"/> Other:			
4. In case of filling Vegetable products: <input type="checkbox"/> Tomato <input type="checkbox"/> Carrot <input type="checkbox"/> Other:			
5. Product type: <input type="checkbox"/> Concentrates <input type="checkbox"/> Puree <input type="checkbox"/> Juices <input type="checkbox"/> Diced <input type="checkbox"/> Other:			
6. In case of filling Chemicals and Detergents: <input type="checkbox"/> M.S.D.S <input type="checkbox"/> Hazardous Material <input type="checkbox"/> Get a sample? <input type="checkbox"/> Other:			
7. Filling Machine Manufacturers (Name + Quantity): <input type="checkbox"/> Aseptic Filling <input type="checkbox"/> Non Aseptic Filling Remarks - Bag Filling Direction: <input type="checkbox"/> Vertical <input type="checkbox"/> Horizontal Bag Machine feeding: <input type="checkbox"/> Single <input type="checkbox"/> Web <input type="checkbox"/> Spout First <input type="checkbox"/> Spout Last			
8. Filling Temperature: Celsius, Filling Head Temperature: Celsius.			
9. Spout Type: <input type="checkbox"/> Standard Elpo <input type="checkbox"/> High Elpo <input type="checkbox"/> Flat Cap <input type="checkbox"/> Flat Rigid <input type="checkbox"/> Fenco 2" <input type="checkbox"/> WD <input type="checkbox"/> Vitop <input type="checkbox"/> JB <input type="checkbox"/> BV <input type="checkbox"/> Dairy Tube <input type="checkbox"/> Other:			
10. Spout Position: Center Cap to Top Seal mm, Center Cap to Side Seal mm.			
11. Bag Dimensions: Width mm Length mm.			
12. Sterilization Type: <input type="checkbox"/> Chemical <input type="checkbox"/> Steam <input type="checkbox"/> Nitrogen Injection			
13. In case the Sterilization is chemical, what type of liquid:			
14.			
	Carton Type	Palletizing	Other
Type of outer package			
Inner Dimensions of Package	Length: Width: Height:	# of Rows on a Pallet: # of Boxes in a Row: Stacking Pallets:	Length: Width: Height:
15. Form of storage: <input type="checkbox"/> Dry Warehouse <input type="checkbox"/> Yard <input type="checkbox"/> Frozen <input type="checkbox"/> Chilled			
16. Transporting the final product: <input type="checkbox"/> By Land <input type="checkbox"/> By Truck <input type="checkbox"/> By Train <input type="checkbox"/> By Sea			
17. Quantity of bags the factory uses per year:		Quantity of Aran Bags:	
18. Destination Ports for Delivery of the bags:			