CiS
COUNTRY INNOVATION & SUPPLY

WAREHOUSE INSTALLATION
CUSTOMER SURVEY

DATE _____

EMAIL THE FORM: **keaton@innovationandsupply.com**

SECTION 1.   CUSTOMER INFORMATION

CUSTOMER: _____

PROJECT LDR/FACILITY MGR: _____

START DATE: _____

SITE LOCATION: _____

PROJECT COMPLETION DATE: _____

SECTION 2.   WAREHOUSE LAYOUT/ ENVIRONMENT

PROJECT SIZE (s.f.) _____   **AISLE WIDTH** _____   **BUILDING SIZE (s.f.)** _____

CAD DRAWING AVAILABLE? (Please Attach)   **BUILDING IN USE?**   **TEMPERATURE RANGE** _____

☐ Yes ☐ No   ☐ Yes ☐ No

WORKING ENVIRONMENT: **ELECTRICAL SUPPLY:**   **PROJECT AREA IN USE DURING INSTALL?**

☐ New ☐ Active   ☐ 110 Plug Ins ☐ None   ☐ Yes ☐ No

UNION LABOR?   **ACCESSIBLE 24/7?**   **FORKLIFT & DRIVER AVAILABLE? (To move product)**

☐ Yes ☐ No   ☐ Yes ☐ No   ☐ Yes ☐ No

IF BUILDING IS NOT IN USE, IS THERE A DIRECT CONTACT ON SITE?   **WORKING HOURS:**

☐ Yes ☐ No   ☐ M-F _____

     ☐ Weekend _____

IF BUILDING AND PROJECT ARE IN USE, WHICH TAKES PRIORITY?

☐ Install ☐ Client Activity

INSTALLATION CHALLENGES- i.e. Inspections, Traffic, Daily Updates:

_____
_____
_____
_____
_____
_____
_____
_____
_____

SECTION 3. RACK LABEL INSTALLATION * ALL RACK FACES *MUST* BE CLEANED OF DIRT & DUST.

RACKING TYPES
(Check all that Apply):

☐ Single Select ☐ Double Deep ☐ Push Back ☐ Drive In

☐ Drive Through ☐ Shelving ☐ All ☐ Other _____

BEAM DEPTH: _____

TOP BEAM HEIGHT: _____

BOTTOM BEAM HEIGHT: _____

BEAM LENGTH: _____

WIRE DECKING ALREADY INSTALLED?

☐ Yes ☐ No

ARE RACKS FREE OF PRODUCT?

☐ Yes ☐ No

ARE RACKS CLEAN?

☐ Yes ☐ No

BEAM FACE TYPE:

☐ Smooth ☐ Indented

TYPE OF RACKING:

☐ New ☐ Used ☐ Painted ☐ Cast

EXISTING LABELS ON THE RACK?

☐ Yes ☐ No

NUMBER OF LEVELS OF RACKING? _____ (If this varies, mention the range ex: 2-8)

LABEL OR OTHER REMOVAL REQUIRED?

☐ Yes ☐ No

NUMBER OF LABELS TO BE INSTALLED? _____

LAYOUT FOR LABEL PLACEMENT AVAILABLE?

☐ Yes ☐ No

LOCATION WHERE LABEL WILL BE PLACED?

☐ Ground Level (<6ft) ☐ Above Ground Leve (>6ft)

SECTION 4. WAREHOUSE SIGN INSTALLATION

CEILING CLEAR HEIGHT: _____ **STACK HEIGHT OF PRODUCTS:** _____

EXISTING HARDWARE?
(Cable or conduit) ☐ Yes ☐ No

NUMBER OF SIGNS TO BE INSTALLED? _____ **NUMBER OF CABLE/CONDUIT RUNS?** _____

TOTAL NUMBER OF LINEAR FEET (conduit): _____ **TOTAL NUMBER OF LINEAR FEET (cable):** _____

HEIGHT TO BOTTOM OF SIGN: _____ **FLOOR TO BOTTOM OF SIGN:** _____

List Facility Mgrs: _____ **Phone:** _____ **Email** _____

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