

CARTON FLOW DATA SHEET

Customer: _____ Date: ____/____/____

Address: _____

Nearest Cross Street for directions and Plot Plan: _____

Contact: _____ Email: _____

Phone: _____ Fax: _____ Cell: _____

Drawings, Sketches and Pictures are better than words – when in doubt, sketch it out!

Note: Carton Flow is also known as Case Flow, Case Pick, Forward Pick, Pick Shelves

1) Describe the materials to be stored: _____

2) Load Size: Width: _____" Depth: _____"

3) Height: _____"

4) Load Weight: _____lbs.

5) Boxes? Totes? Fragile/Delicate?

6) Building Layout Drawing exists? Yes No AutoCad

7) Building "Clear" to Height lowest obstruction: _____

8) Building Column Size: _____ Shape: _____ Tapered?: _____ Wind Bracing?: _____

9) Overall Bldg Dims: _____ x _____ Bldg Col. Grid: _____ x _____ Back Wall to Col.: _____

10) Left Wall to Column: _____ Right Wall to Column: _____ Dock Doors to Column: _____
(looking from dock doors into bldg.)

11) Obstructions: _____
(Heaters, Door Tracks, Motors, Electrical Panels, etc.)

12) Condition of Floor: _____ Curb?: _____

13) Aisle Width: _____

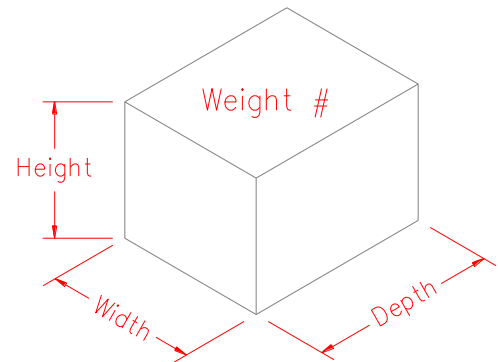
14) Floor Conc. Thickness: _____ Floor PSI Rating: _____ Soil Bearing PSF: _____

15) Existing Carton Flow? Yes No Floor Anchored? Yes No Damages? Yes No

16) Bay (section) Dimensions: W: _____ D: _____ H: _____

17) Design new to match existing Carton Flow? Yes No Brand: _____
(Note: Carton Flow Brands are not interchangeable. If the Brand is not known, photos and detailed information and dimensions are required. Contact the 1 Stop Engineering department)

18) Retrofit into existing Pallet Rack? Yes No Bay Width: _____ Depth: _____





COMPONENT CHECK LIST

- 19) Color: _____ Specifications or Chip available? _____
- 20) Number of Shelf Levels: _____ Elevations: _____
(if multiple bay configurations are required, attach sketch of each)
- 21) Flow Type: Wheel Track (plastic wheels w/ steel axles) Full Width Roller Track
- 22) Shelf Size: _____ width X _____ deep
- 23) Shelf Capacity: _____ lbs. per sq. ft. (evenly distributed)
- 24) Charge (in-feed) Impact Panel Charge Impact Zone Length: _____
- 25) Number of Lanes per Shelf: _____
- 26) Number of Wheel Tracks per Lane: _____
- 27) Discharge "Tilt" Shelf: Yes No Length: _____
- 28) Lane Dividers or Guides: Yes No
- 29) Frame Height: _____
- 30) Frames: Straight Slanted or "Layback"
- 31) How many Bays (sections)?: _____ How Many Rows?: _____

WAREHOUSE ACCESSORIES

- 32) Totes or Bins – Brand: _____ Model #: _____ Color: _____
Size: W: _____ D: _____ H: _____
- 33) Rolling Ladders: # of Steps: _____ W: _____ Brand/Model #: _____
- 34) Carts? Qty: _____ W: _____ L: _____ H: _____ # Shelves: _____
Lip up or down ? Caster Size: _____" Type: _____ Ladder? Yes No

INSTALLATION

- 35) Installation Hours: _____ Nights Sat. Sun. Security Concerns
- 36) Clear Work Area? _____ Work Area Near Dock Doors? _____
- 37) Drive Trailers Inside? Yes No Grade or Dock Wells? _____ How Many Doors: _____

PERMITS and SEISMIC

- 38) Permit? Yes No Does customer want 1 Stop to handle Permit? Yes No



39) Seismic Calc? Yes No Stamped Dwg.? Yes No How Many: _____

MUNICIPALITY

40) Contact: _____ Phone: _____ Fax: _____

41) Address: _____ Email: _____

42) Plan Check Fee: \$ _____ Permit Cost Calculation: \$ _____

43) Fire Marshal: _____ Phone: _____ Fax: _____

44) Address: _____ Fee: \$ _____

Fire and Life Safety

45) Exit Locations: _____ Office Doors: _____

46) Sprinkler Head Clearance: _____ Main Sprinkler Feed Line Clearance: _____
(measure to pipe and add 5" for Head pointing up or deduct 5"for Head pointing down)

47) Sprinkler Riser Locations: _____ Test Valve Locations: _____

48) Info from plate on Sprinkler Riser: _____
(flow rate, GPM, note pipe sizes)

49) Draft Curtain Locations: _____ Skylight/Smoke Vent locations: _____

50) Misc. Observations, Details and Customer Comments:

