



## Technical Evaluation

<b>Company</b>	
<b>Phone</b>	
<b>Email</b>	
<b>Fax</b>	
<b>Contact person</b>	

### 1. Product

#### Your Product

--

#### Product Qualities\*

<input type="checkbox"/> corrosive	<input type="checkbox"/> intensive smell	<input type="checkbox"/> intensive taste
<input type="checkbox"/> combustible	<input type="checkbox"/> sharp/pointy	

\* several answers possible

#### Shape/dimension of Product (length, width and height)

--

#### Heat treatment

<input type="checkbox"/> pasteurised	<i>Time (minutes)</i>	<i>Temperature (°C)</i>
<input type="checkbox"/> sterilised		

#### Storage

<input type="checkbox"/> deep-frozen	<input type="checkbox"/> chilled	<input type="checkbox"/> without chilling
--------------------------------------	----------------------------------	---

#### Shelf life

Days
------

### 2. Packaging type

<i>Vacuum packaging</i>	<i>MAP packaging</i>
<input type="checkbox"/> Thermoformed packs with flexible films	<input type="checkbox"/> Thermoformed packs with rigid films
<input type="checkbox"/> 3-side-seal pouches	<input type="checkbox"/> Thermoformed packs with flexible films
<input type="checkbox"/> Standing pouches (Doypack)	<input type="checkbox"/> Flowpack (horizontal/vertical)
<input type="checkbox"/> Tubular pouches	<input type="checkbox"/> Lidding films for trays/cups

### 3. Material Structure

	Top Web	Bottom Web
Thickness ( $\mu$ )		
Width (mm)		
Reel length (rm)		
Max. Reel Diameter (mm)		
Core (mm)		
Quantity per order (rm)		
With current quality	<input type="checkbox"/> Satisfied <input type="checkbox"/> Not satisfied	<input type="checkbox"/> Satisfied <input type="checkbox"/> Not satisfied
	Why?	Why?
Supplier		
Sample available (min. 4 x A4)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Printed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, is the following available?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Print preparation form <input type="checkbox"/> Repeat length <input type="checkbox"/> Print sample <input type="checkbox"/> Tool and print drawing <input type="checkbox"/> Logo/signature <input type="checkbox"/> Ink drawing/CD/link	

### 4. Packaging Machine

Brand		
Type/year/machine nr.		
Sealing System	<input type="checkbox"/> Skin sealing <input type="checkbox"/> Frame sealing	<input type="checkbox"/> Thermal sealing <input type="checkbox"/> Impulse sealing
Sealing Temperature ( $^{\circ}$ C)		
Pre-heating	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Piston forming	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Piston heating	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Forming depth (mm)		
Number of lanes		
Number of rows		
Cycles (per minute)		
Photoelectric eye mark	<input type="checkbox"/> Existent <input type="checkbox"/> Non-existent	
Gas-flushing	<input type="checkbox"/> Existent <input type="checkbox"/> Non-existent	

#### Comments

--

Signature/initials

Place and date

--	--