



Technical Evaluation

Company	
Phone	
Email	
Fax	
Contact person	

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 (μ)		
Width (mm)		
Reel length (rm)		
Max. Reel Diameter (mm)		
Core (mm) cardboard/plastic		
Quantity per order (rm)		
Quantity per delivery or on call (rm)		
With current quality	<input type="checkbox"/> Satisfied <input type="checkbox"/> Not satisfied	<input type="checkbox"/> Satisfied <input type="checkbox"/> Not satisfied
	<i>Why?</i>	<i>Why?</i>
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"/> Print preparation form <input type="checkbox"/> Repeat length <input type="checkbox"/> Continuous <input type="checkbox"/> Print sample <input type="checkbox"/> Tool and print drawing <input type="checkbox"/> Logo/signature <input type="checkbox"/> Ink drawing/CD/link	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

--	--