

Customer Site Survey

Company

What is the name of your company? _____

Plant Location

What is the location of your plant? _____

Age of Facility: _____ Approximate Square Footage: _____

Ceiling Height: _____ Number of Employees: _____ Number of Shifts: _____

Primary Activity

1. What is the primary activity of the equipment? _____

2. Will the equipment be used in a manufacturing environment? Yes ☐ No ☐

If Yes: Heavy ☐ Light ☐

If Heavy: Metal Forming ☐ Melting ☐ Extreme Heat ☐ Extreme Cold ☐ Other: _____

If Light: Sub Assembly ☐ Fulfillment ☐ Other: _____

Particles in Atmosphere: Dust ☐ Smoke ☐ Other: _____

Number of Shifts: _____ Product(s) Made: _____

3. Will the equipment be used in a food/storage/processing environment? Yes ☐ No ☐

If Yes, Animal Processing ☐ Rendering ☐ Produce ☐ Baked Goods ☐ Beverages ☐

Type: Other: _____

Cold Storage: Yes ☐ No ☐ Number of Shifts: _____

4. Will the equipment be used in a distribution environment? Yes ☐ No ☐

If Yes, Dry Goods ☐ Grocery ☐ Boxed Products ☐ Manufactured Goods ☐

Type: Other: _____ Number of Shifts: _____

Rolling Inventory

1. Location of Usage: Inside ☐ Outside ☐ Both ☐ Other: _____

If Inside: Floor ☐ Concrete ☐ Finished and Sealed ☐ Not Finished ☐ Other: _____

If Multi-level: Ramps: Yes ☐ No ☐ Elevators: Yes ☐ No ☐ Number of Floors: _____

If Outside: Surface Improved ☐ Unimproved ☐ Explain: _____

If Multi-level: Ramps: Yes ☐ No ☐ Grades: Yes ☐ No ☐

2. Type of Equipment Used:

Forklifts: LP ☐ Electric ☐ Diesel ☐ Gasoline ☐

Cushion Tire: Yes ☐ No ☐ How Many: _____

Pneumatic Tire: Yes ☐ No ☐ How Many: _____

Aerial Scissor: LP ☐ Electric ☐ Diesel ☐ Dual Fuel ☐ Other: _____ Annual Hours: _____

Boom: LP ☐ Electric ☐ Diesel ☐ Dual Fuel ☐ Other: _____ Annual Hours: _____

“Z” Boom: LP ☐ Electric ☐ Diesel ☐ Dual Fuel ☐ Other: _____ Annual Hours: _____

Trailer Spotter: Brand: _____ Quantity: _____ DOT Cert: Yes ☐ No ☐

Rail Spotter: Brand: _____ Quantity: _____ Annual Hours: _____

Wheel Loaders: Brand: _____ Quantity: _____ Annual Hours: _____

Floor Cleaning Equipment: Brand: _____ Quantity: _____

For Use: Indoor ☐ Outdoor ☐ LP ☐ Electric ☐ Diesel ☐

Annual Hours: _____

3. Other Types of Rolling Inventory: _____

Overhead Cranes: Yes ☐ No ☐

Operators

Is there an active training program? Yes ☐ No ☐

Is there an active maintenance plan? Yes ☐ No ☐

What problems or issues do you have in the facility? _____

What type of changes would you make? _____