

## Flexible Packaging Questionnaire

### Contact Details

Contact Name: \_\_\_\_\_ Company Name: \_\_\_\_\_

Contact Number: (Office) \_\_\_\_\_ (Mobile) \_\_\_\_\_ (Fax) \_\_\_\_\_

### Overview of Requirements

Application Name: \_\_\_\_\_ Annual Volume (MMSI): \_\_\_\_\_

Order Frequency: \_\_\_\_\_ times/year End User: \_\_\_\_\_

### Current Package

What product currently used for your application?

- |                                     |                                       |   |
|-------------------------------------|---------------------------------------|---|
| <input type="checkbox"/> 25# PFPF   | <input type="checkbox"/> 35# PPMOPP   | <input type="checkbox"/> Snack Web Lamination |
| <input type="checkbox"/> 35# PFPF   | <input type="checkbox"/> Cosmetic Web | <input type="checkbox"/> Single-Ply Film      |
| <input type="checkbox"/> 25# PPMOPP | <input type="checkbox"/> Coffee Web   | <input type="checkbox"/> Other: _____         |

Can you use an alternative packaging material?  Yes  No

### Packaging Requirements

What item is being packaged?

- |  |                              |                              |  |                                     |
|--|------------------------------|------------------------------|--|-------------------------------------|
| <input type="checkbox"/> Food          | <input type="checkbox"/> Dry | <input type="checkbox"/> Wet | <input type="checkbox"/> Lidding*              | <input type="checkbox"/> Stick Pack |
| <input type="checkbox"/> Cosmetics     | <input type="checkbox"/> Dry | <input type="checkbox"/> Wet | <input type="checkbox"/> Extra Barrier or Seal |                                     |
| <input type="checkbox"/> Personal Care | <input type="checkbox"/> Dry | <input type="checkbox"/> Wet |  |                                     |
| <input type="checkbox"/> Health Care   | <input type="checkbox"/> Dry | <input type="checkbox"/> Wet | <input type="checkbox"/> Blister Pack          |                                     |
| <input type="checkbox"/> Pet Food      | <input type="checkbox"/> Dry | <input type="checkbox"/> Wet | <input type="checkbox"/> Lidding*              |                                     |

\*If your application requires lidding, what substrate is the lidding adhering to?

- |                                |  |                                     |                                      |
|--------------------------------|--|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Paper | <input type="checkbox"/> Polypropylene | <input type="checkbox"/> Polycoated | <input type="checkbox"/> Polystyrene |
|--------------------------------|--|-------------------------------------|--------------------------------------|

**Continued on Page 2**

# PASSION

LABELS AND PACKAGING INC.

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Fax. 941-312-5059

## Packaging Requirements (continued)

What type of equipment will your package be run on?  Vertical Form Fill & Seal  
 Horizontal Form Fill & Seal

Equipment Make: \_\_\_\_\_ Model: \_\_\_\_\_

How will your package seal?  Fin Seal  
 Lap Seal  
 Box Overwrap

What is the temperature of the product as it is being inserted into pouch? \_\_\_\_\_ (Fahrenheit)

What are the machinery settings for the following: Temperature Setting \_\_\_\_\_ (Fahrenheit)  
Pressure Setting \_\_\_\_\_ (PSI)  
Dwell Time Setting \_\_\_\_\_ (seconds)

Can a machine operator adjust the temperature, pressure and dwell time settings as needed for different materials?  
 Yes  No

What is the Coefficient of Friction Specification? \_\_\_\_\_

What is the desired Production Speed? \_\_\_\_\_

## Finished Roll Requirements

Max Roll Diameter? \_\_\_\_\_

Max Roll Weight? \_\_\_\_\_

Max Number of Splices? \_\_\_\_\_

Core Size? \_\_\_\_\_

## Additional Notes

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