

THE FOLLOWING FORM COMPRISES A SPECIFICATION OF EQUIPMENT FOR A FILLING AND PACKAGING LINE.

MAIN INFORMATION

CUSTOMER NAME	<input type="text"/>
	<input type="text"/>
	<input type="text"/>

CONTACT PERSON	<input type="text"/>
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CUSTOMER ADDRESS	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>

E-MAIL	<input type="text"/>
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MAIN INFORMATION

CAPACITY - BPH REQUIRED SPEED FOR ONE (THE MOST IMPORTANT) SIZE OF THE BOTTLE	BOTTLE SIZE	SPEED BPH

PRODUCT TO BE FILLED	<input type="checkbox"/> CARBONATED <input type="checkbox"/> WATER <input type="checkbox"/> DRINKS, CSD <input type="checkbox"/> BEER <input type="checkbox"/> OTHER
	<input type="checkbox"/> NON CARBONATED <input type="checkbox"/> WATER <input type="checkbox"/> JUICE <input type="checkbox"/> OTHER

FILLING TEMPERATURE (°C)	
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CO₂ CONTENT (G/L)	
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GENERAL DATA ON SITE

POWER VOLTAGE (V)	
TECHNOLOGIC WATER PRESSURE (BAR)	
COMPRESSED AIR PRESSURE (BAR)	
CO ₂ PRESSURE (BAR)	

BOTTLES (PLEASE PROVIDE SAMPLES AND DRAWINGS, WHERE POSSIBLE)

BOTTLE SIZE (ML)	

BOTTLE MATERIAL	<input type="checkbox"/> GLASS
	<input type="checkbox"/> PET
	<input type="checkbox"/> CANS
	<input type="checkbox"/> HDPE
	<input type="checkbox"/> OTHER

BOTTLES SHAPE	<input type="checkbox"/> ROUND
	<input type="checkbox"/> SQUARE
	<input type="checkbox"/> OTHER

BOTTLE HEIGHT (MM) – MAX	
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BOTTLE NECK DIAMETER (MM)	
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BOTTLE BASE DIAMETER (MM) – MAX	
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BOTTLE BIGGEST DIAMETER (MM) – MAX	
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BOTTLE FILL-HEIGHT (FROM TOP) (MM)	
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WAY OF DELIVERY OF BOTTLES	<input type="checkbox"/> ON PALLET – BOTTLES PUT IN A LAYER
	<input type="checkbox"/> IN CASES/CARTONS
	<input type="checkbox"/> LOOSE FORM (EG. IN PLASTIC BAGS)
	<input type="checkbox"/> FROM BLOW MOLDING MACHINE
	<input type="checkbox"/> OTHER

CLOSURE OF BOTTLE

(PLEASE PROVIDE SAMPLES AND DETAILED DRAWINGS WHEREVER POSSIBLE)

CLOSURE TYPE	<input type="checkbox"/> ALUMINUM SCREW <input type="checkbox"/> PLASTIC SCREW <input type="checkbox"/> CROWN <input type="checkbox"/> OTHER
	<input type="checkbox"/> FLAT <input type="checkbox"/> SPORT

CLOSURE HANDLING	<input type="checkbox"/> PICK & PLACE <input type="checkbox"/> PICK OFF
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CLOSURE SIZE (DIAMETER)	<input type="checkbox"/> 26,7 MM <input type="checkbox"/> 28 MM <input type="checkbox"/> OTHER
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CLOSURE MATERIAL	<input type="checkbox"/> PLASTIC <input type="checkbox"/> ALUMINUM <input type="checkbox"/> OTHER
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PACKING MACHINES

RINSER	<input type="checkbox"/> LINEAR
	<input type="checkbox"/> ROTARY
	<input type="checkbox"/> IN BLOCK WITH THE FILLER
	<input type="checkbox"/> FREE STANDING
	<input type="checkbox"/> YES
	<input type="checkbox"/> NO
	RINSING MEDIA:
	<input type="checkbox"/> WATER
	<input type="checkbox"/> GAS RINSING

FILLER	WAY OF PRODUCT DELIVERY
	<input type="checkbox"/> LEFT
	<input type="checkbox"/> RIGHT
	CIP
	<input type="checkbox"/> OPEN – WITHOUT RETURN OF DETERGENT
	<input type="checkbox"/> CLOSED – WITH RETURN OF DETERGENT

CAPPER	<input type="checkbox"/> CAPPING HEADS-CONSTANT SPEED
	<input type="checkbox"/> CAPPING HEADS-ADJUSTABLE SPEED
	CAP SORTER
	<input type="checkbox"/> YES
	<input type="checkbox"/> NO
	CAPS FEEDING SYSTEM
	<input type="checkbox"/> YES
	<input type="checkbox"/> NO
	HORIZONTAL CAP CONVEYOR:
	<input type="checkbox"/> YES
	<input type="checkbox"/> NO
	IF YES LENGTH OF HORIZONTAL CAP CONVEYORS

LOCATION OF DISCHARGE CONVEYOR IN RELATION TO INFEEED CONVEYOR – OPTION FROM LAYOUT	<input type="checkbox"/> PARALLEL
	<input type="checkbox"/> PERPENDICULAR
	<input type="checkbox"/> SLANTING

TYPE OF DISCHARGE CONVEYOR	<input type="checkbox"/> TABLE TOP CHAIN STRAIGHT
	<input type="checkbox"/> TABLE TOP CHAIN TURNED

GUARDING AROUND MACHINE – OVER THE TABLE	SAFETY WITH ELECTRIC INTERLOCK
	<input type="checkbox"/> YES
	<input type="checkbox"/> NO
	FULL WITH HEPPA FILTER
	<input type="checkbox"/> YES
	<input type="checkbox"/> NO

WAY OF FULL BOTTLE INSPECTION	<input type="checkbox"/> VIZUAL
	<input type="checkbox"/> ELECTRONIC
	<input type="checkbox"/> FILL HEIGHT INSPECTOR
	<input type="checkbox"/> MISSING CAPS DETECTOR
	<input type="checkbox"/> FULL BOTTLE INSPECTOR

OTHER EQUIPMENT

DEPALLETIZER	<input type="checkbox"/> AUTOMATIC
	<input type="checkbox"/> SEMI AUTOMATIC
	<input type="checkbox"/> FULL PALLET SIZE (LxWxH)
	<input type="checkbox"/> WAY OF PALLET PACKING

UNCASER	<input type="checkbox"/> AUTOMATIC
	<input type="checkbox"/> MANUAL
	TYPE OF CASE: <input type="checkbox"/> LOW <input type="checkbox"/> HEIGHT
	<input type="checkbox"/> NUMBER OF BOTTLES PER CASE

UNSCRAMBLER FOR PET BOTTLES	<input type="checkbox"/> YES
	<input type="checkbox"/> NO

BLOW MOLDING MACHINE FOR PET BOTTLES	<input type="checkbox"/> YES
	<input type="checkbox"/> NO
	<input type="checkbox"/> AUTOMATIC
	<input type="checkbox"/> SEMI AUTOMATIC

BOTTLE WASHER (FOR RETURNABLE BOTTLES) REQUESTED CONTACT TIME WITH AND TEMPERATURE OF DETERGENTS	<input type="checkbox"/> YES
	<input type="checkbox"/> NO
	<input type="checkbox"/> SINGLE END <input type="checkbox"/> DOUBLE END
	LABEL EXTRACTION <input type="checkbox"/> YES <input type="checkbox"/> NO
	HEATING SYSTEM <input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> STEAM (STEAM PARAMETERS) <input type="checkbox"/> HOT WATER (TEMPERATURE)

CASE WASHER	<input type="checkbox"/> YES
	<input type="checkbox"/> NO

EMPTY BOTTLE INSPECTOR	<input type="checkbox"/> VISUAL
	<input type="checkbox"/> ELECTRONIC

STEAM TUNNEL	<input type="checkbox"/> YES
	<input type="checkbox"/> NO

CARBO-COOLER (FOR CARBONATED DRINKS ONLY)	<input type="checkbox"/> YES
	<input type="checkbox"/> NO

PASTEURIZER	<input type="checkbox"/> YES
	<input type="checkbox"/> NO

OTHER EQUIPMENT

WARMER	<input type="checkbox"/> YES <input type="checkbox"/> NO
COOLING TUNNEL	<input type="checkbox"/> YES <input type="checkbox"/> NO
LABELLER	<input type="checkbox"/> YES <input type="checkbox"/> NO
	TYPE OF LABEL: <input type="checkbox"/> ROLL FEED <input type="checkbox"/> STOCK CUT <input type="checkbox"/> PAPER <input type="checkbox"/> PLASTIC
	<input type="checkbox"/> BODY FRONT <input type="checkbox"/> BODY FRONT, BACK, NECK <input type="checkbox"/> WRAP AROUND <input type="checkbox"/> OTHER
	TYPE OF GLUING <input type="checkbox"/> HOT <input type="checkbox"/> COLD <input type="checkbox"/> SELF-ADHESIVE LABEL
PACKING MACHINE	<input type="checkbox"/> AUTOMATIC <input type="checkbox"/> SEMI AUTOMATIC
	TYPE OF PACKING: <input type="checkbox"/> IN CASES ONLY <input type="checkbox"/> IN FOIL FILM ONLY <input type="checkbox"/> IN FOIL FILM WITH FLAT CARTON UNDER <input type="checkbox"/> FOILED TRAY <input type="checkbox"/> WRAPAROUND
BOTTLE CODER	<input type="checkbox"/> YES <input type="checkbox"/> NO
CARTON CODER	<input type="checkbox"/> YES <input type="checkbox"/> NO
PALETIZER	<input type="checkbox"/> AUTOMATIC <input type="checkbox"/> MANUAL
	<input type="checkbox"/> LOW PALLETIZATION <input type="checkbox"/> HIGH PALLETIZATION PALLET SIZE (LXWXH)
PALLET STRETCH WRAPPER	<input type="checkbox"/> YES <input type="checkbox"/> NO
POWER DISTRIBUTION CABINET	<input type="checkbox"/> YES <input type="checkbox"/> NO

OTHER EQUIPMENT

PALLET STRAPPER	<input type="checkbox"/> YES <input type="checkbox"/> NO
CONVEYORS BETWEEN PARTICULAR MACHINES	<input type="checkbox"/> YES <input type="checkbox"/> NO
PRESSURE LESS COMBINER	<input type="checkbox"/> YES <input type="checkbox"/> NO
CIP STATION	<input type="checkbox"/> YES <input type="checkbox"/> NO
CABLE & DUCTS	<input type="checkbox"/> YES <input type="checkbox"/> NO
SPARE PARTS	<input type="checkbox"/> YES <input type="checkbox"/> NO
TRANSPORT	<input type="checkbox"/> YES <input type="checkbox"/> NO
INSTALLATION	<input type="checkbox"/> SUPERVISION (LOCAL LABOR TO BE SUPPLIED BY THE CUSTOMER) <input type="checkbox"/> FULL INSTALLATION
	<input type="checkbox"/> WITH WORKERS TRAINING <input type="checkbox"/> WITHOUT WORKERS TRAINING

PLEASE ATTACH LAYOUT WITH DIMENSIONS OF THE SPACE AVAILABLE FOR THE BOTTLING HALL AND AN IDEA ABOUT THE DESIRED CONFIGURATION OF THE BOTTLING LINE.

- PLEASE PROVIDE SAMPLES OF:
- BOTTLES (200 PCS OF EACH TYPE)
 - CAPS (1000 PCS OF EACH TYPE)

OTHER REQUIREMENT TO BE INCLUDED / REMARKS