

PACIFIC BARCODE WAREHOUSE LABEL AND SIGN INSTALLATION FORM

Company:		Date:			
Contact:	Phone:	Email:			
Project Location (City, ST):					
Onsite Contact:	Phone:	Email:			
Alternate Contact:	Phone:	Email:			
Project Timeline	Earliest start date:	Desired end date:			
List three top reasons why are you					
reaching out to us:					

WAREHOUSE LAYOUT AND ENVIRONMENT						
Size square feet:						
Floor plan available? (Please attach PDF or CAD drawing)	Yes		No			
Width of Narrowest Aisle:						
Working environment:	New	Active		Empty		
Temperature range:						
Is there electricity?	Yes		No			
Available work hours:	Mon-Fri		Sat-Sun			
Hour ranges						
Lift safety requirements/PPE						

LABEL INSTALLATION						
Number of labels to be installed:	LABLE INS	IALLAHON				
	els are being app	lied: (push back, selective, carton, flow, etc.)				
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Top Beam Height:		Bottom Beam Height:				
Widths	Width of beam	Width of upright				
Is there any trench in the upright?	Yes	No				
Number of beam levels: (If this varies, enter a range i.e. 2-8)						
Is Bay Numbering Even/Odd or Sequential?						
Existing labels on racks?	Yes	No				
If yes	Covered	Removed				
Are racks empty of product?	Yes	No				
Is there waterfall decking installed?	Yes	No				
Size of overhang?						
Is the rack new or used?	New	Used				
Do you need Aisle Signs?	Yes	No				
Do you need any other signs? (Staging, dock, compliance)						

SIGN INSTALLATION					
Number of Signs to be installed:					
Ceiling Height:		Stack Height of product:			
Type of ceiling construction: (truss, I-beam, wood, etc.)					
Clearance for Signs:					
Existing hardware (cable or conduit)?	Yes		No		
Estimated amount of conduit					
Width of pallet lanes:		Width striping:			
Do you need Aisle Signs?	Yes		No		
Do you need any other signs? (Staging, dock, compliance)					