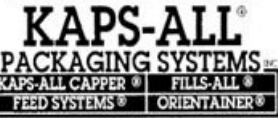


# KAPS-ALL PACKAGING SYSTEMS, INC. QUESTIONNAIRE

The Proven Standard®... Since 1941.



200 Mill Road, Riverhead, NY 11901-3125 USA  
TEL (631) 727-0300 • (631) 369-5939

(Please Print or Type)

Company \_\_\_\_\_ Address \_\_\_\_\_  
Name \_\_\_\_\_ Title \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Country \_\_\_\_\_  
Date \_\_\_\_\_ Tel. No. \_\_\_\_\_ FAX No. \_\_\_\_\_

**Please take a few moments to provide us with the information requested below, so that we can offer you a written proposal on the most cost-effective and efficient KAPS-ALL\* PACKAGING machines available.**

### KAPS-ALL\* CAPPING MACHINES:

1. Is this application for use on an existing KAPS-ALL\* CAPPER?  Yes  No Model: \_\_\_\_\_ Serial No.: \_\_\_\_\_
2. Type of capper required?  Automatic  Semi-Automatic  Manual Hand Capper
3. Models are available with our without conveyors. Is a conveyor required?  Yes  No Specify Length: \_\_\_\_\_
4. Indicate existing conveyor height and width: \_\_\_\_\_ Indicate conveyor speed (feet per minute): \_\_\_\_\_
5. What is the ceiling height where the capper is to be installed? \_\_\_\_\_
6. Indicate power required: Voltage: \_\_\_\_\_ Phase: \_\_\_\_\_ Cycle (Hz): \_\_\_\_\_
7. Hazardous location electrics required?  Yes  No. If yes, indicate Class/Group/Division: \_\_\_\_\_
8. Indicate configuration of bottles as they will be entering capper (example: spacing, touching, groups, etc.): \_\_\_\_\_
9. Note any additional comments and/or requirements : (i.e.: Product Temperature, etc.) \_\_\_\_\_

### FILLS-ALL\* FILLING MACHINES:

1. Is this application for use on an existing FILLS-ALL\* Filler?  Yes  No Model: \_\_\_\_\_ Serial No.: \_\_\_\_\_
2. Type of filler required?  Automatic  Semi-Automatic  Rotary  Straight Line
3. What type of filling system do you prefer?  Level fill (gravity/pressure)  Piston pump (volumetric)
4. Is filtering prior to filling required?  Yes  No
5. Indicate power required: Voltage: \_\_\_\_\_ Phase: \_\_\_\_\_ Cycle (Hz): \_\_\_\_\_  
(Standard is 110 VAC, 1 Phase, 50/60 Cycle (Hz))
6. Hazardous location electrics required?  Yes  No.
7. Is the product hazardous according to OSHA Hazard Communication standard?  Yes  No
8. Please check the materials which are compatible with your product(s):  316S.S.  PVC  Viton  Teflon  Polyethylene  
 304 S.S.  Neoprene  Nitrile  Silicone  PVDF  Others: \_\_\_\_\_
9. Note any additional comments and/or requirements: \_\_\_\_\_

### KAPS-ALL\* ORIENTAINER\* BOTTLE UNSCRABLERS:

1. Is this application for use on an existing KAPS-ALL\* ORIENTAINER\*/CLEANER?  Yes  No  
Model: \_\_\_\_\_ Serial No.: \_\_\_\_\_
2. Indicate power required: Voltage: \_\_\_\_\_ Phase: \_\_\_\_\_ Cycle (Hz): \_\_\_\_\_  
(Standard is 110 VAC, 1 Phase, 50/60 Cycle (Hz))
3. Type and make of Filler and Capper being used now (if any): \_\_\_\_\_
4. Conveyors are available. Is a conveyor required?  Yes  No Specify length: \_\_\_\_\_
5. Indicate existing conveyor height and width: \_\_\_\_\_ Indicate conveyor speed (feet per minute): \_\_\_\_\_
6. Is bottle cleaning required?  Yes  No
7. Is secondary orientation necessary?  Yes  No
8. Are containers pre-labeled or silk-screened?  Yes  No
9. Note any additional comments and/or requirements. \_\_\_\_\_

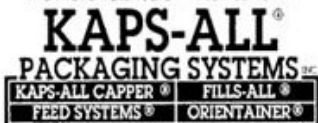
### KAPS-ALL\* CLEAN-N-VAC\* BOTTLE CLEANERS AND INVERTERS:

1. Is this application for use on an existing KAPS-ALL\* CLEAN-N-VAC\* CLEANER?  Yes  No  
Model: \_\_\_\_\_ Serial No.: \_\_\_\_\_
2. Models are available with or without conveyors. Is a conveyor required?  Yes  No Specify length: \_\_\_\_\_
3. Indicate power required: Voltage: \_\_\_\_\_ Phase: \_\_\_\_\_ Cycle (Hz): \_\_\_\_\_  
(Standard is 110 VAC, 1 Phase, 50/60 Cycle (Hz))
4. Indicate existing conveyor height and width \_\_\_\_\_ Indicate conveyor speed (feet per minute): \_\_\_\_\_
5. What type of contaminants are to be removed? (dust, glass chips, particulates, etc.) \_\_\_\_\_
6. What equipment will this connect to? \_\_\_\_\_
7. Note any additional comments and/or requirements: \_\_\_\_\_

### GENERAL QUESTIONS FOR ALL MODELS:

1. Would you like to visit for a FREE KAPS-ALL\* demonstration with your products, caps and containers?  Yes  No  
(Please call for an appointment.)
2. Would you like to receive a proposal on any additional packaging equipment? (please check)
  - Capping Machines  Liquid Fillers  Cap Tighteners  Rotary and Escalator Parts Feeders  Secondary Orienters
  - Bulk Loaders  Conveyors  Bottle Orienters  Feeders  Ball Placers  Bottle Carriers  Inspection Systems
  - Electronic Torque Metering / Monitoring  Bottle Cleaners  Nitrogen Purge System  Bottle Foil Sealing (Heat Induction)
  - Complete Turn Key Bottling Systems  Accumulating Tables  Bottle Unscrambling Tables  Surge Tables
 Other: \_\_\_\_\_

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City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Country \_\_\_\_\_

Date \_\_\_\_\_ Tel. No. \_\_\_\_\_ FAX No. \_\_\_\_\_

Please take a few moments to provide us with the information requested below, so that we can offer you a written proposal on the most cost-effective and efficient KAPS-ALL\* PACKAGING machines available.

CAP AND CONTAINER SPECIFICATIONS:				CONTAINER MATERIAL	CONTAINER MANUFACTURER	CAP SIZE I.D. (mm)	CAP SIZE O.D. (inches)	CAP HEIGHT (mm)	CAP MATERIAL	CAP STYLE AND MANUFACTURER	INSIDE DIA. OF NECK (mm)	CAP REMOVAL TORQUE RANGE REQUIRED (LB.-IN.)	(B.P.M.) BOTTLES PER MINUTE REQUIRED
REF. NO.	PRODUCT NAME	CONTAINER SIZE (OUNCES, LITERS, ETC.) (FILL VOLUME)	CONTAINER STYLE (BOSTON ROUND, "F" STYLE, ETC.)										
1													
2													
3													
4													
5													
6													
7													
8													

PRODUCT SPECIFICATIONS:		PERMISSIBLE FILL VARIATION (± %)	FILL TEMPERATURE (°F)	VISCOSITY (CPS)	PARTICULATE MATTER (IF YES, DESCRIBE)	FOAMING AND/OR ABRASIVES (DESCRIBE)	PRECAUTIONS NEEDED TO BE TAKEN (CORROSIVE, COMBUSTIBLE, ETC.)	NAME A STANDARD PRODUCT SIMILAR TO YOUR PRODUCT (EXAMPLE: HEINZ KETCHUP)	REFERENCE NUMBER OF CONTAINERS FROM ABOVE TO BE FILLED WITH THIS PRODUCT
REF. NO.	PRODUCT TO BE FILLED (LIST CONTAINERS ABOVE)								
A									
B									
C									
D									
E									
F									
G									
H									

(Our Testing Service is Free and Will Not Obligate You Whatsoever)

**CONTAINER SAMPLES:**  
 To provide you with a quotation that will afford you the most cost-effective and efficient KAPS-ALL model, we require 6-8 containers and caps of each size for a Capper, Orientainer or Cleaner. Where this is not feasible, please provide drawings. Please submit samples and/or drawings with this form.

**PRODUCT SAMPLES:**  
 For a filling machine, we require product samples (or placebos) equal to 15 times the largest container to be filled (minimum 1 quart)\*. Also include approximately 15 containers of each size and a completed material safety data sheet when submitting this form. \*Where this is not feasible, submit filled sample of each product.

Containers, Caps and Product Shipped Date \_\_\_\_\_ Via: \_\_\_\_\_ Note: For hazardous products, please contact KAPS-ALL before shipping.