



Warehouse Installation

Customer Survey

Date: _____

Email The Form: keaton@innovationandsupply.com

Section 1. Customer Information

Customer: _____

Contact: _____

Start Date: _____

Site Location: _____

Project Completion Date: _____

Section 2. Warehouse Layout/ Environment

Project Size (s.f.) _____ Aisle Width _____ Building Size (s.f.) _____

CAD Drawing Available? (Please Attach) Building In Use?

☐ Yes ☐ No

☐ Yes ☐ No

Temperature Range _____
(At time of install)

Working Environment:

☐ New ☐ Active

Electrical Supply:

☐ 110 Plug Ins ☐ None

Project Area In Use During Install?

☐ Yes ☐ No

Accessible 24/7?

☐ Yes ☐ No

Forklift & Driver Available? (To move product)

☐ Yes ☐ No

If Building Is Not In Use, Is There A Direct Contact On Site?

☐ Yes ☐ No

Working Hours:

☐ M-F _____

☐ Weekend _____

If Building And Project ARE In Use, Which Takes Priority?

☐ Install ☐ Client Activity

Installation Challenges - i.e. Inspections, Traffic, Daily Updates



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Section 3. Rack Label Installation

* All Rack Faces Must Be Cleaned Of Dirt & Dust.

Racking Types
(Check all that Apply):

☐ Single Select ☐ Double Deep ☐ Push Back ☐ Drive In
☐ Drive Through ☐ Shelving ☐ All ☐ Other _____

Beam Depth _____
(Height of Individual Beam & Face)

Top Beam Height: _____

Bottom Beam Height: _____

Beam Dimension (h x w): _____

Wire Decking Already Installed?
☐ Yes ☐ No

Are Racks Free Of Product?
☐ Yes ☐ No

Are Racks Clean?
☐ Yes ☐ No

Beam Face Type:
☐ Smooth ☐ Indented

Type Of Racking:
☐ New ☐ Used ☐ Painted ☐ Cast

Existing Labels On The Rack?
☐ Yes ☐ No

Number Of Levels Of Racking? _____ (If this varies, mention the range ex: 2-8)

Label Coverup Required?
☐ Yes ☐ No

Number Of Coverup Labels To Be Installed? _____

Of New Rack Labels Installed? _____

Layout For Label Placement Available?
☐ Yes ☐ No

Location Where Label Will Be Placed?
☐ Ground Level (<6ft) ☐ Above Ground Level (>6ft)

Section 4. Warehouse Sign Installation

Ceiling Clear Height: _____ **Stack Height Of Products:** _____

Existing Hardware?
(Cable or conduit) ☐ Yes ☐ No

Number Of Signs To Be Installed? _____ **Number Of Cable/Conduit Runs?** _____

Total Number Of Linear Feet (conduit): _____ **Total Number Of Linear Feet (cable):** _____

Height To Bottom Sign: _____ **Floor To Bottom Of Sign:** _____

Project Mgr./Ldr. _____ **Phone:** _____ **Email:** _____

List Facility Mgrs. _____ **Phone:** _____ **Email:** _____

**PLEASE INCLUDE A COPY OF THE FACILITY
DRAWING WHEN SENDING COMPLETED SURVEY!**