**Dear customers,**

feel free to study this form to allow us to make the design as accurate as possible and to find the material that best meets the technical requirements and legally applicable standards.

**Integrated Quality Management System - Food Safety (ISO 9001 - ISO 22000)**

Customer Questionnaire for internal test- Trays, lids, drawers, washers,

Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of contact person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

e-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Size of the Tray (mm) Length \_\_\_\_\_x \_\_\_\_\_ Width x Height \_\_\_\_\_\_\_**

**-Do You already possess or expect to require the same size in different heights?? Yes 🞏 No 🞏**

**(if yes please specify the maximum height \_\_\_\_\_\_\_mm)**

**Presence of board for sealing Yes 🞏 No 🞏**

**If the tray will be sealed specify the film you already use\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Is a fluttering finish / facing up present Yes 🞏 No 🞏**

**Does your container possibly have a lid Yes 🞏 No 🞏**

**Specify the level of stress and strain that will suffer the tray during your manufacturing process (shocks, mechanical and manual handling) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* **Do you possess an eventual sample to give to DORA-PAK d.o.o.? Yes 🞏 No 🞏**
* **Estimated monthly/year consume: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Plastic Materials**

* Plastic material required \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(to fill in if the client already has an predetermined requirement of with material to use)
* Colour \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ thickness \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ micron
* Quantity/weight of the product contained in the packing \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Specify the type of food will be put in contact with the tray \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Specify the type of process that the tray will suffer: :

🞏Deep Freezing : minimum temperature \_\_\_\_\_\_°C

🞏Refrigerazione: minimum temperature \_\_\_\_\_\_°C

🞏Hot-filling: maximum temperature \_\_\_\_\_\_°C

🞏 Pasteurization

🞏Sterilisation

🞏Conservation temperature: \_\_\_\_\_\_\_\_ °C

🞏Use an inert gas blowing sheet (MAP), if yes, be sure to specify which gases!

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Is the tray intended for use in microwave by the end user? **Yes 🞏 No 🞏**
* Is the tray intended for use in hoven by the end user? **Yes 🞏 No 🞏**

NOTE: this way you can send a picture of your container (tub, container, box, etc ..)



NOTE: Please mark the answers given with Yes or No with a cross in the extension, or color the correct answer in a different color if it is easier for you. If you have printed out the form, and filled it in manually, take a picture or copy it and return it to us as such. Thank you in advance!