

Checklist Volume Measurement

Requesting important data to produce an individual quotation

Project		
Company		
Street		
Postal code, Place		
Contact person		
Telephone		E-mail
Contact at Soehnle		Date

1. Data of the object to be measured

Measuring object	Smallest object	Largest object
Type of objects (Carton, pallet etc.)		
Length (in driving direction)	mm	mm
Breadth	mm	mm
Height	mm	mm
Desired accuracy	mm	mm
Colour of objects		
Different products?	<input type="checkbox"/> yes <input type="checkbox"/> no	
Quantity of options	options	

2. General requirements

Does the measurement has to be approvable?

yes no

The measuring operations is

fully automatic
 accompanied by personal supervision

Aim of measuring application

Cuboid volume acquisition
 Volume weight acquisition (incl. weight acquisition)
 Real volume acquisition
 Ground weight acquisition (incl. weight acquisition)
 Grey picture / top view (3D-scanning)
 Picture
 Other

3. Object handling

Manually via personnel

Hand pallet truck
 Electronic pallet truck
 Fork lift
 Other

Automatically via an application

Band conveyor (Packages)
 Pallet conveyor technique
 Underfloor chain conveyor system
 Other

4. Object identification

Is identification necessary?

yes no

Type of identification

Barcode

Type _____

RFID

Other

5. Control

Shall the system be integrated in an existing system? yes no

Is a control available? yes no

If yes, brand and type of control: _____

Task of control: _____

Does a function description exist? yes no

If yes, please attach

6. Data communication

Interface type digital interface

Type	RS232	<input type="checkbox"/>
	RS422	<input type="checkbox"/>
	other	<input type="checkbox"/>

Network

Type	Ethernet	<input type="checkbox"/>
	Wireless LAN	<input type="checkbox"/>
	other	<input type="checkbox"/>

Shall additional information be processed and transferred yes no

If yes, which: _____

7. Other requirements

Installation site of the volume measuring application Fix Mobile

Power supply 230 V AC available 400 V AC available

other (please state): _____

Accessories Scanner
 Printer
 RFID – write and read application

Other yes no

If yes, what: _____

8. Environmental conditions

Temperature min: _____ max: _____

Humidity yes no

Required protection class IP: _____

Chemicals yes (please state): _____ no

Foods yes (please state): _____ no

Pharmaceuticals yes (please state): _____ no

Ex-zone yes no

Zone _____

Category _____

Other information

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