A.DuiePYLE™
Warehouse & Distribution

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Telephone (800) 523-5020
whseneeds@aduiepyle.com

Warehousing Needs Analysis

Please complete each line check any box where applicable. Use additional paper if needed.

Date Submitted: _____

Customer Name: _____

Address: _____

Contact Name: _____

Title: _____

Telephone: _____

Fax: _____ **Email:** _____

Product Information

Describe products to be stored: _____

_____

Number of stock keeping units (SKU's): _____

Type of packaging (box, bag, drum, etc): _____

Package contents:
(liquid, solid, gas powder, granules, etc) _____

Unit weight: _____

Units per pallet: _____

Pallet sizes (L-W-H): _____

Type storage (racked, stacked*, etc): _____

***If stacked, how high?** _____

Are product labels bar-coded? ☐ **YES** ☐ **NO**

Lot / Serial number control needed? ☐ **YES** ☐ **NO**

Who specifies Lot / Serial number? ☐ **Customer** ☐ **Warehouse**

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FIFO rotation necessary?	☐ YES	☐ NO
Does product require temperature control?	☐ YES	☐ NO
If YES, what temperature range?		
Does product require protection from freezing during shipment transportation?	☐ YES	☐ NO

Hazard Information

Any product classified as Hazardous? (UN---- or NA---- number assigned)	☐ YES	☐ NO
Any product classified as Flammable?	☐ YES	☐ NO
Fully describe Haz-Mat (Haz. Class & Division):		

List any special storage requirements: _____

List any peculiarities concerning products (odor, dust, vapors, etc.): _____

(Attach Copies of Safety Data Sheets)

Inbound Information

Carrier mode - Inbound:	**Truck**	_____ %
	Rail	_____ %
	Container	_____ %
	Small Pkg	_____ %
Inbound Freight:	**Palletized**	_____ %
	Loose	_____ %

Frequency & Weight of Inbound Replenishment: _____

Number of SKU's: _____

Number of Units: _____

Number of pieces per pallet: _____

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Mixed pallets requiring sorting?	☐ YES	☐ NO
Labeling required?	☐ YES	☐ NO
Is pallet exchange necessary?	☐ YES	☐ NO

Outbound Information

Carrier mode - Outbound:

Truck	_____	%
Rail	_____	%
Container	_____	%
Small Pkg	_____	%

Describe typical Outbound shipment: _____

Describe typical Consignee: _____

Number of orders per month: _____

Average SKU's per order: _____

Average units / pieces per order: _____

Average weight per order: _____

Percent units shipped as full pallets: _____

Is "Case Splitting" necessary:	☐ YES	☐ NO
Is "Pallet Splitting" necessary:	☐ YES	☐ NO
Labeling required?	☐ YES	☐ NO
Is pallet exchange necessary?	☐ YES	☐ NO

Warehouse Information

Your estimate of storage area needed (inclusive of aisles): _____

Warehouse services needed long term or short term? _____

If short term, what date range? _____

Anticipated date of change: _____

Your estimate of "Annual Inventory Turns": _____

Pricing format needed (per unit, per cwt, etc.): _____

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Are current warehouse activity reports available for review? ☐ YES ☐ NO

How will order releases be communicated to warehouse:
(Phone, email, EDI, Your System, etc.) _____

Will we be required to use your WMS system? ☐ YES ☐ NO

If YES, what WMS system: _____

List any special handling equipment requirement:
(Roll clamp, box clamp drum attachment, etc.) _____

Where is material presently stored: _____

Reason for change in storage facility: _____

What points will Pyle's LTL and Truckload Operations serve: _____

_____

Please provide any additional pertinent information which may be beneficial in preparing a comprehensive quotation: _____

_____

_____

_____

Submitted By Information

Submitted By: _____

Terminal: _____

Phone/Extension: _____

E-mail: _____

Please return this form via email to whseneeds@aduiepyle.com or mail to:

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