



PO Box 564, West Chester, PA 19381-0564  
Telephone (800) 523-5020  
[whsneeds@aduiestyle.com](mailto:whsneeds@aduiestyle.com)

**Schedule B 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): \_\_\_\_\_  
Typical Item Description \_\_\_\_\_  
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

Inventory Rotation (FIFO, LIFO, other)

---

Does product require temperature control?

YES

NO

---

If YES, what temperature range?

---

Does product require protection from freezing during shipment transportation?

YES

NO

---

Are photos available?

---

### 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, % of Inventory):

---

List any special storage requirements:

---

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

---

**(Attach Copies of Material Safety Data Sheets)**

### Inbound Information

Carrier mode - Inbound:

Truckload	_____	%
LTL	_____	%
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:

---

Mixed pallets requiring sorting?

YES

NO

---

Labeling required?  YES  NO

Is pallet exchange necessary?  YES  NO

---

---

### Outbound Information

Carrier mode - Outbound:

Truckload	_____	%
LTL	_____	%
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

Order Cut Off Time for Sameday Shipping: \_\_\_\_\_

---

---

### Warehouse Information

Your estimate of storage area needed (inclusive of aisles): \_\_\_\_\_

Estimate amount of average on hand pallets per month: \_\_\_\_\_

Warehouse services needed long term or short term? \_\_\_\_\_

If short term, what date range? \_\_\_\_\_

Anticipated date of change: \_\_\_\_\_

Your estimate of "Annual Inventory Turns": \_\_\_\_\_

Fiscal Year:

\_\_\_\_\_

Required Annual Cycle Counts:

\_\_\_\_\_

Required Annual Physical Inventory Checks:

\_\_\_\_\_

Required Reporting/KPI Metrics:  
(Ex: On Time Shipping, On Time Receiving)

\_\_\_\_\_

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

\_\_\_\_\_

Are current warehouse activity reports available for review?

YES

NO

\_\_\_\_\_

How will inbound receipts and outbound order releases be communicated to warehouse:  
(Phone, email, flat file, 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 [whsneeds@aduiestyle.com](mailto:whsneeds@aduiestyle.com) or mail to:

A. Duie Pyle Warehousing  
PO Box 564  
West Chester, PA 19381-0564