

CLEANROOM LABEL CHECKLIST

CUSTOMER: _____		SALESPERSON: _____	
CUSTOMER No.: _____	DATE SUBMITTED: _____	<input type="checkbox"/> O/H Die # _____	
CONTACT: _____	DATE REQUIRED: _____	<input type="checkbox"/> NEW DIE	
PHONE: _____	FAX: _____	<input type="checkbox"/> TYPED QUOTE NEEDED	
PART NUMBER: _____	REV: _____	E-MAIL ADDRESS: _____	
START TIME / DATE: _____		END TIME / DATE: _____	
		<input type="checkbox"/> Direct <input type="checkbox"/> Distributor	

Application Description:

1. Describe the intended end use for the label:
2. CleanMark Packaging Process: Level 1 (cleaned & dbl bagged) Level 2 (dbl bagged only)
3. **General Specifications:** Size: Width _____ X Length _____ Radius Corner _____"
 Required Size: Exact or Approximate Perf _____" Fanfold _____"
 Certs Needed? Yes (Std. or Custom) Certification: UL _____ CSA RoHS compliant
4. **Electronic Printing Information:** *End User Imprinting Required?* Yes No
If Yes then: Thermal Transfer Direct Thermal Laser
 What brand of printer will be used?
5. **Material/Adhesive Selection:** 5000 5010 5002 5080 5020 5070
 5200 5202 5204 7000 7005 7080 7180 7910
 Special liner options: Orange Blue Silicone Free Liner (5013)
 Other custom construction(s):
6. **Packaging:** Copy position/Unwind direction _____ Labels per roll
 No. of pieces per package _____ Sheets/Fanfold _____ labels per package
 Core Diameter: 3" 1" Other _____ O.D. Roll:
7. **Type of surface label is to be applied to:** ABS Polycarbonate Polane Paint
 Polypropylene High Density Polyethylene Metal Other
Shape: Flat Curved **Finish:** Smooth Light texture Rough texture

Exposure and Usage:

1. Temperature range label is exposed to: _____ Time exposed to temperature extremes: _____
 Required label life after application: _____
2. Which of the following conditions apply for this application?
 Chemical or abrasion resistance Label automatically applied; type of machine: _____

Printing Information (to be printed by LGI):

1. Will label have any printing? Yes No If Yes, how many colors? 1 2 3 4
2. Number of color matches? 1 2 3 4
3. Will label have bar coding? Yes No
4. Will label have sequential numbering? Yes No If Yes: Height _____ No. of digits _____
5. Will artwork be provided? Yes No
 Proof required: Yes No If Yes: Fax Card E-Mail Address for Proof: _____

LABEL QUANTITY	PRICE PER UNIT	PRICE	QUOTE # _____	TOOLING _____
_____	_____	_____	PRODUCT _____	PREP _____
_____	_____	_____	PROCESS _____	ART _____
_____	_____	_____	COPY CHANGES _____	@ _____
_____	_____	_____	COLOR MATCH _____	@ _____
_____	_____	_____	LEAD TIME: _____	APRVD BY: _____ DATE: _____

 Notes: _____

