SAMPLE PRE-TEST FORM



Teledyne TapTone

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Rep/Distributor: Email:

Type of Inspection (Fill Level, Leak Test, etc):

Customer Information

Regional Sales Manager:

Email:

Name:
Title:
Phone:
Fax:
Email:

Container Description (If there are more than one container size / type, list all)

Container Description (glass/metal, 2-piece/3-piece, plastic, steel/aluminum, etc):

Container Dimensions:	Height:	Diameter:	Volume:
Closure Description:			

Container Characteristics (i.e. clear, opaque, non-transparent, etc.):

Primary Inspection Requirements

Target Fill Level:	Target Under fill Level:	Target Over Fill Level:		
Normal Vacuum / Pressure:	Reject Vacuum / Pressure:			
Desire Leak Size (if any):		Product in Seal Area or Touching Lid:	Yes	No

Conditions at Point of Inspection

Desired Location of Inspection System:

Conditions at point of inspection:		Wet /	Dry	Hot /	Cold	
Conveyor:	Level	/	Pitched		Container Spacing:	
Conveyor Speed:				Product 7	Temperature:	
Conveyor Type:			Conveyor Height:	Conveyor Width:		
Optional Inspections	8:					
Special Consideration	ons:					

Vision Inspection Requirements

How many Product Changeovers (physical container dimension, type and/or style change) will be performed on this

line?

Does Closure include an induction seal / over cap at point of inspection?

Closure Dimensions (mm): Width: Diameter: