

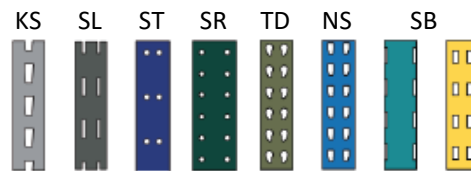


RACK SURVEY WORKSHEET

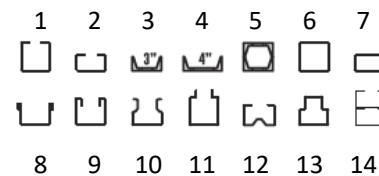
****NOTE: Please submit along with Rack Info Sheet for each applicable Profile ****

CUSTOMER: _____
 ADDRESS: _____
 CONTACT PERSON: _____
 CONTACT INFO: _____
 DATE: _____
 FREEZER/REFRIG.? _____

CONNECTION TYPE (TY.)



COLUMN STYLE (STY.)



BIN/ AISLE	HT OF DAMAGE	CRITICAL (Y/N)	1ST BEAM From Floor to Bottom AND Top of Clip	2ND BEAM	3RD BEAM	PROFILE # **	UPRIGHT		COLUMN INFO				NEEDS REPLACED		NOTES
							D"	H"	W"	D"	TY.	STY.	# Beams	# Decks	