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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 or mail to:

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