

# CHECKLIST



## tamper evidence tapes and labels

These questions are a simple guide to help prevent unforeseen problems. The list is not exhaustive, but should be a good place to start to ensure our products do the job for you and your customers

**application** What would you like your label or tape adhere to? Please tick where appropriate

|                          |                          |             |                          |           |                          |
|--------------------------|--------------------------|-------------|--------------------------|-----------|--------------------------|
| Aluminium                | <input type="checkbox"/> | Cartons     | <input type="checkbox"/> | Cardboard | <input type="checkbox"/> |
| Crates                   | <input type="checkbox"/> | Glass       | <input type="checkbox"/> | Metal     | <input type="checkbox"/> |
| Pallets                  | <input type="checkbox"/> | Paper       | <input type="checkbox"/> | Plastic   | <input type="checkbox"/> |
| Polythene Bags           | <input type="checkbox"/> | Shrink wrap | <input type="checkbox"/> | Wood      | <input type="checkbox"/> |
| Other (please describe): |                          |             |                          |           |                          |

**surface** What is the surface condition like? Please tick where appropriate

|                          |                          |        |                          |          |                          |
|--------------------------|--------------------------|--------|--------------------------|----------|--------------------------|
| Clean                    | <input type="checkbox"/> | Curved | <input type="checkbox"/> | Sticky   | <input type="checkbox"/> |
| Flat                     | <input type="checkbox"/> | Hard   | <input type="checkbox"/> | Oily     | <input type="checkbox"/> |
| Smooth                   | <input type="checkbox"/> | Soft   | <input type="checkbox"/> | Textured | <input type="checkbox"/> |
| Other (please describe): |                          |        |                          |          |                          |

**use** What is the product application? Please tick where appropriate

|  |                          |  |                          |  |                          |
|--|--------------------------|--|--------------------------|--|--------------------------|
| Aircraft                                     | <input type="checkbox"/> | Cargo  | <input type="checkbox"/> | Drug Testing                               | <input type="checkbox"/> |
| Electronics                                  | <input type="checkbox"/> | Forensic   | <input type="checkbox"/> | Governments                                | <input type="checkbox"/> |
| High Security i.e. police, prisons, military | <input type="checkbox"/> | I T i.e. USB ports, disc drives, cabinets, cases | <input type="checkbox"/> | Money i.e. CIT, boxes, bags, ATM cassettes | <input type="checkbox"/> |
| Packaging                                    | <input type="checkbox"/> | Vending Machines                                 | <input type="checkbox"/> | Warranty                                   | <input type="checkbox"/> |
| Other (please describe):                     |                          |  |                          |  |                          |

**environment** What environment will the label or tape be exposed to? Please tick where appropriate

|                          |                          |     |                          |        |                          |
|--------------------------|--------------------------|-----|--------------------------|--------|--------------------------|
| Cold                     | <input type="checkbox"/> | Hot | <input type="checkbox"/> | Inside | <input type="checkbox"/> |
| Outside                  | <input type="checkbox"/> | Wet | <input type="checkbox"/> | Dry    | <input type="checkbox"/> |
| Other (please describe): |                          |     |                          |        |                          |

## options

Please answer the following questions and complete as appropriate

Do you want a label or tape?  Yes  No  
 Would you like it permanent (P) or non-residue (NR)?  P  NR

Do you want to include a logo?  Yes  No  
 Please attach it as an illustrator /vector/ eps file  logo attached

Would you like a specific void message?  Yes  No  
 Please provide wording  
 especially for language options \_\_\_\_\_

What colour would you like? \_\_\_\_\_

Would you like sequential numbers?  Yes  No  
 Would you like a barcode?  Yes  No  
 Would you like a QR code?  Yes  No

Is the tape/ label to be hand or machine applied? \_\_\_\_\_

## production

Please select from the following size options

### Labels

| Millimetres           | Quantity of labels | <input checked="" type="checkbox"/> |
|-----------------------|--------------------|-------------------------------------|
| 25 x 12               | 2000               | <input type="checkbox"/>            |
| 70 x 30               | 1000               | <input type="checkbox"/>            |
| 85 x 25               | 1000               | <input type="checkbox"/>            |
| 85 x 25 + 10 x 25 DNT | 1000               | <input type="checkbox"/>            |
| 110 x 30              | 500                | <input type="checkbox"/>            |
| 110 x 30 +10 x 30 DNT | 1000               | <input type="checkbox"/>            |
| 152.4 x 50.8          | 250                | <input type="checkbox"/>            |

Other size required? \_\_\_\_\_

How many labels would you like? \_\_\_\_\_

### Tapes

| Millimetres (width) | Metres (length)       | <input checked="" type="checkbox"/> |
|---------------------|-----------------------|-------------------------------------|
| 27                  | 50, 66, 100, 500, 650 | <input type="checkbox"/>            |
| 45                  | 50, 66, 100, 500, 650 | <input type="checkbox"/>            |
| 50.8                | 50, 66, 100, 500, 650 | <input type="checkbox"/>            |
| 75                  | 50, 66, 100, 500, 650 | <input type="checkbox"/>            |

\*Lengths are vairable, customer choice

How many rolls would you like? \_\_\_\_\_