

TRILOGY SOLUTIONS CONSTRUCTION
STORAGE NEEDS ASSESSMENT FORM



COMPANY INFORMATION

COMPANY NAME: _____ CONTACT ADDRESS: _____
COMPANY CONTACT: _____ PHONE: _____
CONTACT EMAIL: _____ FAX: _____

CURRENT STORAGE INFORMATION

LOCATION OF CURRENT STORAGE SITE: _____ HOW MANY SF FOR CURRENT OFF SITE STORAGE?: _____
WHAT PERCENTAGE (%) OF YOUR STORAGE IS FINISHED PRODUCT: _____
HOW MUCH IS HAZ/MAT?: _____ WHAT TYPE OF HAZ/MAT (IF ANY)?: _____
ARE YOUR COSTS FOR STORAGE QUANTIFIED: YES NO IF SO, HOW MUCH ARE YOU PAYING? _____
ARE THERE QUANTIFIED SHIPPING INEFFICIENCIES: YES NO IF SO, WHAT? _____
DO YOU HAVE ANY SPECIAL STORAGE REQUIREMENTS (AC, CLIMATE CONTROLLED, SECURITY, ETC)? _____
ARE YOUR MATERIALS PALLETIZED? YES NO IF SO, WHAT SIZE PALLETS? _____
HOW HIGH CAN YOU STACK? _____ CLEAR HEIGHT REQUIREMENTS FOR YOUR STORAGE RACKS? _____
IF NOT PALLETIZED, WHAT IS THE FOOTPRINT OF THE ITEM? _____
WHAT'S THE INBOUND MODE OF TRANSPORTATION?: _____ WHAT'S THE OUTBOUND MODE OF TRANSPORTATION?: _____
DO YOU EMPLOYEE INVENTORY CONTROL SERVICES VIA 3RD PARTY?: _____ WHAT SYSTEM DO YOU USE?: _____
INVENTORY MANAGEMENT NEEDS (REAL TIME, DAILY, WEEKLY)?: _____
WHAT IS THE TYPICAL VOLUME MOVED PER DAY?: _____ DO YOU HAVE SEASONAL STORAGE NEEDS?: _____
WHAT IS THE AVERAGE AMOUNT OF INVENTORY ON-HAND?: _____
VALUE ADDED NEEDS (LABELING, PACKAGING, CRANE, ETC)?: _____

ADDITIONAL STORAGE INFORMATION

IS THERE AN IDEAL SCENARIO THAT IS NOT CURRENTLY BEING PROVIDED FOR YOU IN THE WAY OF OFF-SITE STORAGE?

DO YOU HAVE A SPECIAL STORAGE NEED IN A LOCATION OF THE COUNTRY THAT IS NOT BEING MET?

