

COMPANY	
COMPANY ADDRESS	
temperature	<input type="checkbox"/> positive ____°C <input type="checkbox"/> negative ____°C
installation location	<input type="checkbox"/> outside <input type="checkbox"/> inside
environment	<input type="checkbox"/> food / hygienic <input type="checkbox"/> industrial
Floor	<input type="checkbox"/> resin <input type="checkbox"/> tile <input type="checkbox"/> asphalt <input type="checkbox"/> cement
Floor conditions	<input type="checkbox"/> intact <input type="checkbox"/> damaged
note	
Wall structure (installations to walls)	<input type="checkbox"/> pannel <input type="checkbox"/> concrete wall
Notes for fixing accessories	
Intallation is required?	<input type="checkbox"/> yes <input type="checkbox"/> no
Vehicles type	<input type="checkbox"/> transpallet <input type="checkbox"/> forklifts
What to protect?	
Solution (products and dimentions)	
Lengths are	<input type="checkbox"/> total length <input type="checkbox"/> center to center