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## Thermal Indicator Questionnaire

Customer Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Postal Code/Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Completed by: \_\_\_\_\_

Are you currently using a Temperature Indicator? Yes ☐ No ☐

What type of indicator are you interested in? Reversible ☐ Irreversible ☐ Both ☐

What is being monitored? Please describe the application and how it will be used.

\_\_\_\_\_

\_\_\_\_\_

Life expectancy: Your Product \_\_\_\_\_ Our Strip \_\_\_\_\_

What will be strip be adhered to? (paper, metal etc.)

Where will be strip be placed on the product? (inside, outside etc.)

What conditions will the strip see? (H2O, UV, grease, acid etc.)

What type of adhesive do you want? removable ☐ permanent ☐

What temperatures are you looking for? Please specify temperature or range in C or F.

Describe the expected temperature events? How many temperature events and in what increments? Peak exposure temeptrature and duration.

How will the temperature strip be applied? By hand ☐ By machine ☐

Quantity/Annual usage?

Are there special constraints? What unique characteristics does your product have?

Are there any size restrictions for the strip?

Additional Notes/Comments:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_