

Checklist for WICON wrap-around applicator

Customer / Customer no. _____

Contact _____

Phone _____

Street _____

Zip code / City _____

Email _____

Date of issue _____

Target date _____

Project owner _____

Project control _____

Configurator no. _____
(filled in by cab)

1. Application

- Labeling of cables in a control cabinet
- Labeling of cables during assembly
- Others _____
- Application temperature _____
- Service temperature _____

2. Product

Product name _____

Product diameter from _____ to _____

3. Have wrap-around labels been already in use?

- yes no

4. If yes, how are labels applied?

- by hand automatically

5. Wrap-around labels in use so far

Pos.	Label		Data block		Quantity Pieces per year
	Width	Height	Height	Color	
1					
2					
3					
4					

Material _____

- halogen-free required yes no
- UL-certification required yes no

Notes

Filled in by cab:

- Practicable** yes no

Name _____

Phone _____

Email _____

Date _____ **Signature** _____

6. Prepare an offer for

Pos.	Part no.	Description	Quantity
1.1	5977007	SQUIX 4/300MP label printer	
1.2	5977008	SQUIX 4/600MP label printer	
2	5988000	WICON wrap-around applicator	

cab wrap-around labels Material _____

Pos.	Part no.	Label		Labels per roll	Quantity Rolls
		Width	Height		
1					
2					
3					
4					
5					
6					

Ribbons Width 55 mm / length 360 m
R71 resin, black, color side in

Pos.	Part no.	PU 1 roll	PU 2 rolls per box	Number of rolls
1	5557402.133	1	10	

One ribbon roll serves for printing
two rolls of wrap-around labels.



Download checklist on
www.cab.de/en/wicon-conf

Customer approval required after

check of practicability: yes no

Name _____

Phone _____

Email _____

Date _____ **Signature** _____