

*"The Best little Imaging Specialty company on the Gulf Coast!"*

## Workflow Analysis Worksheet

### "Defining Your Information Workflow Needs"

Company Name : \_\_\_\_\_

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

City : \_\_\_\_\_ State : \_\_\_\_\_ Zip : \_\_\_\_\_

Phone : \_\_\_\_\_ Fax : \_\_\_\_\_

Contact Name : \_\_\_\_\_ Title: \_\_\_\_\_

#### A. Copying

##### 1. Current Equipment Questions

a. Brand : \_\_\_\_\_ Model # \_\_\_\_\_

b. Do you own or lease? \_\_\_\_\_

c. Monthly lease Payment : \_\_\_\_\_

d. Lease Expiration Date : \_\_\_\_\_

##### 2. What do you care about most when copying documents?

(Rank in order 1 – 5 .... Starting with 1 being the most important to you)

\_\_\_\_\_ Copy Quality \_\_\_\_\_ Ease of Use \_\_\_\_\_ Equipment Reliability

\_\_\_\_\_ Special Features \_\_\_\_\_ Other (please specify) \_\_\_\_\_

##### 3. In a normal week, how many **Black & White** copies do you make using the copier?

(Please circle answer) 1 - 500    501 – 1,000    1,001 – 1,500    1,501 +

##### 4. In a normal week, how many **Color** copies do you make using the copier?

(Please circle answer) 1 - 500    501 – 1,000    1,001 – 1,500    1,501 +

##### 5. What percent of your copies are made from originals that you created on your printer? (please circle answer)

Less than 5%    10%    25%    50%    75%    100%

##### 6. Do you have special paper requirements (i.e. unusual-weight, card stock, transparencies etc.)? *If yes, please describe below.*

\_\_\_\_\_

##### 7. Do you have stapling or finishing requirements (i.e. saddle stitch stapling, booklet making, 2 or 3 hole punch, etc.)? *If yes, please describe below.*

\_\_\_\_\_

##### 8. Do you need Tabs capability? *If yes, please describe your current tabs application below.*

\_\_\_\_\_

9. Do you send out any of your existing copy jobs? *If yes, why are you outsourcing?*

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10. What are your most frustrating problems with your existing copy system (i.e. paper mis-feeds, downtime, poor service response time, not enough features, or outdated technology)? (Please describe below)

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11. Are there any features not existing on you current system that you would like to see on your new equipment? (Please describe below)

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12. Please describe below any other comments on your copying needs.

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## B. Printing

1. In a normal week, how many prints do you make (please circle answer)

1 – 100    101 – 300    301 – 600    601 +

2. How often do you make several copies of a **Black & White** document using your laser printer? (please circle answer) Less than 5%    10%    25%    50%    75%    100%

3. How often do you make several copies of a **Color** document using your laser printer? (please circle answer) Less than 5%    10%    25%    50%    75%    100%

4. Why do you make several copies of a document using your laser printer? (please circle answer)

- a. Copier is always broken
- b. Copier is always busy
- c. Copier is too far from desk
- d. I need better quality than the copier provides
- e. It's faster to print on printer than to use copier

5. What percentage of your printing is confidential? (please circle answer)

Does not apply    Less than 5%    10%    25%    50%    75%+

6. Based on your normal documents, what is your estimated toner fill-rate (coverage per page printed)? (please circle answer)

Less than 5%    10%    15 - 25%    25%+

7. Are you happy with your existing printer? *If no, please describe how you would make improvements.*

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8. If you could have copier functions on your printer (i.e. stapling, duplexing, hole-punching, etc.) and could print them from your desk, would this be advantageous? (please circle answer)    Yes    No

9. Additional comments on printing needs. (please describe below)

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### C. Faxing

1. **In a normal week, what is your average fax volume?** *(please circle answer)*  
1 – 50    51 – 100    101 – 200    201+
  2. **What percentage of your outgoing faxes are originals generated from your printer?**  
*(please circle answer)*    Up to 15%    25%    50%    75%    100%
  3. **Are you happy with your existing fax equipment?** If no, what would you improve?
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### D. Scanning

1. **Do you have an existing scanning system?** If yes, please describe below. If no, please go directly to question #3.  

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2. **Would you like to make improvements to your current scanning system?** If yes, please describe below.  

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3. **Please answer True or False for the following questions.** *(please circle answer)*
  - a. Files are shared by many departments or people at one time.    True / False
  - b. Files you need have not been filed.    True / False
  - c. Files or important documents are sometimes missing.    True / False
  - d. Files that need to be filed are on a desk somewhere.    True / False
4. **Which of the following scanning features would best help your needs?**  
*(please circle any that apply)*
  - a. Scan in color
  - b. Scan to file for archiving
  - c. Scan & convert to PDF
  - d. Scan to TIFF
  - e. Scan to file
  - f. Scan to email
5. **How often do you retrieve documents from storage?** *(please circle answer)*  
Never    Daily    Weekly    Monthly    Quarterly    Annually
6. **Does your document retrieval system include a method of indexing documents** (i.e. keyword, document number, barcoding, etc.) *(please circle answer)*  
Yes / No