

Injection Screw Design Quote Request Form

Please email completed form to: dmeus-csspecials@dme.net

Company:		Account N	umber:			
Contact:		PO #:			Job #	
Address:		Phone:				
City: State:		Fax #:				
Zip:		E-mail:				
Country:		_				
Specify: Improvement Process		I New Pi	roject	C Screw Repair		
1. Machine Information						
OEM:	r			Machine Age:		
Nominal Screw O.D.:	in/mm	L/D:		:1		
Max. Screw Stroke:	rew Stroke: in/mm Dri			Electric	Hydraulic	
Max. Screw RPM / KPM:	in/mm	Max. Torque:			ft. lb. nm.	
2. Resin Information						
Туре:	Material No.:			Manufacturer:		
MFI:	Filler:			% Additives:		
Color Master Batch	Powder	🗖 Liquid				
3. Existing Problems:						
Recovery C Quality		Tempe	Temperature		rrosion	
Wear Of –		Screw	Screw Root Screw Tip		ew Tip	
Please be specific:						
4. Expectation:						
Recovery: Oz. per Sec. / Grams per Sec.						
Dispersion: (Mixing Devices Mandatory)						
Change of Max. Shot Size Required	🗖 Yes	No No				
5. Existing Equipment Information:						
Mixing Device: 🗖 Yes	🗖 No		(Located	I) Transition	Metering	
Describe Mixing Device:						
6. Process Information						
Shot Size:	oz. / grams		Existing Recovery Time:			
Existing RPM:			Backpressure:			
Screw Stroke:	in/mm		Recovery Time Target:			
Nozzle Shut-Off Available:						
What Products are Molded:						

State other information that may help clarify the request: