

CUSTOMER REQUEST FOR DATA – Mold Filling/Mold Cooling Analysis

THIS FORM IS REQUIRED FOR ALL ANALYSIS WORK FOR EACH PART

NOTE: Changes made after this form is received require written confirmation

Form AE002.1 Rev 031010

Fax completed form to 248-544-5707 or email appl_eng@dme.net

Customer:	Date:	
Phone:	P.O. Number:	
Fax:	Job Number:	
Resin Supplier:	Project Engineer:	
Phone:	Contact:	
Mold Maker:	Contact:	
Phone:	Contact:	
Manifold Supplier:	Contact:	
Phone:	Contact:	
PART INFORMATION		
Part Name:	Resin Type:	
Part Number:	Resin Grade:	
Nominal Wall:	Melt Index:	
Part Weight:	Max. Flow Length:	
Gate Type:	Min. Temp.:	Max. Temp.:
<input type="checkbox"/> Prototype <input type="checkbox"/> Production	NOTE: Resin changes require written approval	
Mold Material: <input type="checkbox"/> P20 <input type="checkbox"/> Aluminum <input type="checkbox"/> Other		
PROCESSING INFORMATION		
Injection Time:	Flow Rate Capacity (in ³ /sec):	
Cycle Time:	Clamp Force (Press Size):	
Mold Temp.:	Injection Pressure:	
Melt Temp.:	Number of Cavities:	
Cooling Water Temp.:	Is there a water manifold?	
Cooling Time:		
MOLD FILLING OBJECTIVE		
<input type="checkbox"/> Balance Filling Pattern	<input type="checkbox"/> Optimize Cycle Time	
<input type="checkbox"/> Determine Optimal Gating	<input type="checkbox"/> Optimize Cooling Time	
<input type="checkbox"/> Minimize Wall Thickness	<input type="checkbox"/> Reduce Warpage	
<input type="checkbox"/> Evaluate Knit Lines	<input type="checkbox"/> Evaluate Existing Mold	
MOLD COOLING OBJECTIVE		
TIME SCHEDULE		
Molding Trial Date:	Resin Type:	
Manifold locations due by:	Manifold/Drop information due by:	
Cold Runner information due by:	Water Line information due by:	
COMMENTS		
Completed by:	Date:	
Signature:		