



KAIVANYA
EXTRUSION TECHNIK

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EXTRUSION QUESTIONNAIRE FORM

Name _____ Title _____
Company _____ Address _____
City _____ State/Province _____ Postal Code _____
Country _____ E-mail _____
Phone _____ Fax _____ Date _____

SCREW RECOMMENDATION FOR EXTRUSION PROCESS (Please supply the following information, so that KAIVANYA may reply to your request)

MACHINE SPECIFICATIONS

O.E.M. _____ Dia. _____ L/D _____ Model _____ Year _____
Drive HP _____ AC DC Max. Screw RPM 0- _____
Motor wired Voltage and Maximum Motor Amperage _____ Water cooled barrel Air cooled barrel
Vented? Yes No Location of Vent from back of feed Throat _____
Screen Changer? Yes No

PROCESS DATA/OUTPUT DATA:-

SHEET PLANT PIPE PELLETIZING MEDICAL TUBING
 BLOWN FLIM PROFILE WIRE & CABLE OTHERS _____
 CAST FLIM BLOWN MOLDING COMPOUNDING _____

Resin Type(s) _____ Pellets Powder Bulk Density _____
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Is Resin drying used? Yes No If Yes, _____ °F for _____ Hours

Is a melt pump being used? Yes No Grooved Feed Throat? Yes No Groove L/D? _____

Groove Geometry? _____ Groove Depth? _____ Groove Width? _____ # of Grooves? _____

Melt Flow Characteristic (MI, MFR, IV, Durometer) _____

% Regrind/Blend _____ Color Concentrate or Fillers _____

Present Output(lbs/hr) _____ @ the following rate specific results: _____

Melt temp.(°F) @ Die Exit. _____ PSI @ Exit _____ Screw RPM _____ Motor Amps _____

EXISTING SCREW DATA Single Stage Two stage Other

Screw Cooling: Water Oil Depth _____ None

Design: Use Existing Modify Existing Supply New REF. Job/Design _____

Describe Current Screw Design and Processing Problems That Require Modified or New Screw Design: _____
