



KAIVANYA EXTRUSION TECHNIK

203/1/B/7, ARVIND ESTATE, NR. AMBUJA SCHOOL, OPP. PRABHUVIR SOC., BHIDBHANJAN HANUMAN, BAPUNAGAR, AHMEDABAD - 24, PH.(O)+91 79 22730465,(31), MO:+91 9979879160,+91 9426079160, E-MAIL: kiran@kaivanyaextrusion.com, sales@kaivanyaextrusion.com

INJECTION QUESTIONNAIRE FORM

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

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

MACHINE SPECIFICATIONS

O.E.M. _____
 Model# _____ Serial # _____ Year Mfrd. _____
 Rated Shot Size Styrene _____ Clamp Tonnage _____ Stroke of Injection Unit _____
 Max. RPM _____ Max. Injection Pressure _____

EXISTING SCREW DATA Single Stage Two stage Other _____

Screw Construction Materials _____

If there is a Particular problem that you are having with a resin or resins, please explain the process conditions.

We may have product(s) to solve your problem _____

PROCESS CONDITIONS

Resin(s) Processed _____

Overall Cycle Time _____ Shot Size (oz., grams) _____ Screw Recovery Time _____
(including runner)

Barrel Temperature Setting:

(Set Point): Rear _____ Center _____ Front _____

(Actual): Rear _____ Center _____ Front _____

Back Pressure _____ Screw Speed (RPM) _____ Melt Temperature _____

Melt Decompression? Yes No If Yes, Distance _____ Scrap Level _____

Problems With Job? List: _____

