




375 Victoria Rd
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INJECTION DESIGN DATA SHEET

Processor Information

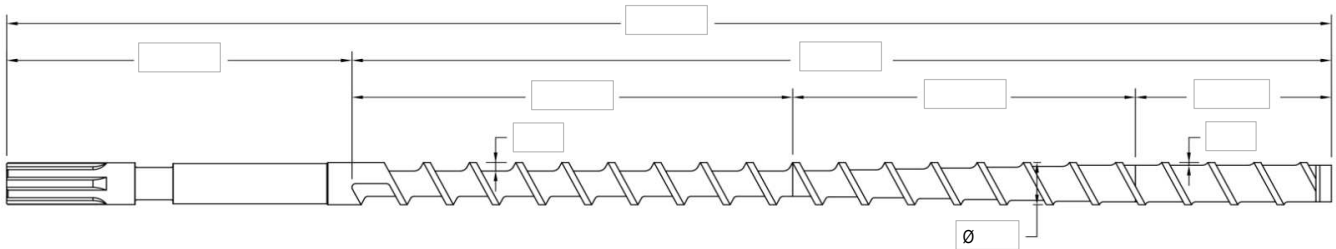
Name _____	Address _____	Date _____
Title _____	City/State/Zip _____	
Company _____	Country _____	
Email _____	Phone _____	

Machine Specifications

OEM _____	Clamp Tonnage _____	
Model _____	Rated Shot Size (PS) _____	
Year _____	Max. Screw RPM _____	
Injection Unit _____	Max. Injection Pressure _____	
Serial Number _____	Max. Inj. Stroke Length _____	

Screw Data

Diameter _____ Screw Design: General Purpose Barrier Mixing Other _____
L/D _____ Screw Construction Materials _____



Resin Information & Process Conditions

Resin(s) _____	Additives/Color _____			
Resin Grade _____	Filler(s) _____ Type _____ Percentage _____			
Resin MFI _____	Regrind? <input type="checkbox"/> Yes <input type="checkbox"/> No Percentage _____			
Cycle Time _____	Shot Size (oz, g) _____	Melt Decompression: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Recovery Time _____	Screw RPM _____	If yes, distance _____		
Cooling Time _____	Back Pressure _____	Injection Pressure _____		
Barrel Temperatures:				
Set Point: Rear _____	Middle 1 _____	Middle 2 _____	Middle 3 _____	Front _____
Actual: Rear _____	Middle 1 _____	Middle 2 _____	Middle 3 _____	Front _____
Melt Temperature _____				

Project Goals and Objectives

Please Describe What You Hope to Achieve with Our Products:

Xaloy Technical Acknowledgment

(This section will be filled out by an Xaloy team member)

Xaloy Solution/Commentary:

Process Conditions	Existing	New/Proposed	Comments
RPM			
Output (g/s)			
Other:			

***Please sign below to acknowledge our recommendation and estimated conditions, based on the information received.**

(Xaloy Application Engineer)	Name & Signature	Date: _____
(Customer Representative)	Name & Signature	Date: _____

Thank You for Completing Our Injection Design Data Sheet