

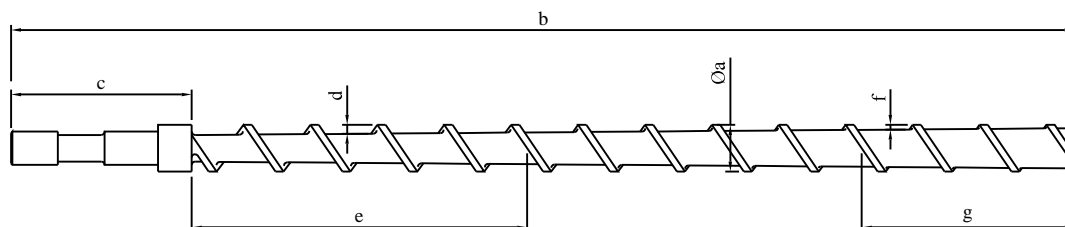
KAIVNYA INJECTION SCREW QUESTIONNAIRE

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 Kaivnya 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 _____



DIMENSIONS

a) _____ d) _____ g) _____
 b) _____ e) _____
 c) _____ f) _____

EXISTING SCREW DATA Single Stage Two stage Other _____

Screw Construction Materials _____

If there is a Particular problem that yur are having with a resin or resins, please explain the process conditions. we may have a 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 : _____

